



California State Board of Pharmacy
2720 Gateway Oaks Drive, Ste 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



To: Board Members

Subject: Agenda Item XVIII. Executive Officer Report

a. Discussion of Board's Response to COVID-19 Pandemic and Actions Taken by Other Agencies

On October 17, 2022, Governor Newsom [announced](#) that the COVID-19 State of Emergency will end on February 28, 2023. "The timeline gives the health care system needed flexibility to handle any potential surge that may occur after the holidays in January and February, in addition to providing state and local partners the time needed to prepare for this phaseout and set themselves up for success afterwards."

With this recent announcement, staff will begin developing a communication plan for licensees, many of whom are operating under waivers. As has been done throughout the pandemic, the Board will rely on its subscriber alert system, Twitter account and website to serve as the primary communication tools for licensees and members of the public as well as information sharing with associations.

The Board's website will continue to maintain centralized COVID related information on the dedicated webpage that is accessed from the Board's [homepage](#).

DCA Director Waivers

On July 11, 2022, DCA Director Kirchmeyer issued [DCA Waiver DCA-22-217](#) Waiving Restrictions of Pharmacists Independently Initiating and Furnishing Paxlovid to Individual Patients. Under the provisions of the waiver, pharmacists may independently initiate and furnish Paxlovid for individual patients subject to specified conditions. There is no expiration date included on this waiver. Board staff will monitor for implementation issues and if necessary, develop guidance to assist pharmacists in understanding the provisions of the waiver.

Several other waivers issued by Director Kirchmeyer also remain in effect. [DCA Waiver DCA-21-142](#) Order Waiving Staffing Ratio of Pharmacists to Pharmacy Technicians Relating to Administering COVID-19 Vaccines. Under the provisions of this waiver, pharmacists engaged exclusively in initiating and administering COVID-19 vaccines, and pharmacy technicians engaged

exclusively in administering COVID-19 vaccines under the direct supervision and control of such pharmacist, may increase the ratio to allow one pharmacist to supervise no more than two pharmacy technicians.

[DCA-20-103](#), an order that waived provisions that prohibit pharmacy technicians from administering COVID-19 vaccines under specified conditions. Further, consistent with the mobile pharmacy licenses under the provisions of BPC 4062, a process was established for pharmacies wishing to use pharmacy technicians as part of the vaccination team outside of the license pharmacy. To date the Board has approved over 3,284 mobile pharmacies for this purpose. Recently staff have reached out to various entities requesting the status of the use of the mobile pharmacies.

[DCA Waiver-20-44](#), an order that waives restrictions on pharmacies, pharmacists, and pharmacy technicians related to ordering, collecting specimens for, and performing COVID-19 Tests.

Similar to the Board's waivers, some waivers previously issued by Director Kirchmeyer have been allowed to expire. Waivers remaining are largely to facilitate immunization and testing efforts.

Broad Waivers Issued/Extended

The Board currently has four broad waivers. Provided below is a brief summary of each waiver and the current expiration date.

1. [Mass Vaccination Sites](#)

Summary: Provides for the storage and redistribution of COVID-19 vaccines in compliance with CDPH and CDC Guidance Related to Mass Vaccination Sites and allows for the use of pharmacy technicians as part of the vaccination team at such sites sponsored by state or local authorities directly or through contractual arrangements with third parties. Further, this allows for an increase in the ratio of pharmacist to pharmacy technicians under specified conditions.

Effective: April 21, 2021

Expiration: December 31, 2022, or 30 days following termination of the declared disaster, whichever is **sooner**. **Note:** Unless extended, this waiver will expire on December 31, 2022.

2. [Remote Processing](#)

Summary: Waives limitations on the provisions of remote order entry.

Reinstated: September 3, 2021

Expires: December 31, 2021, or 30 days after the emergency declaration is lifted, whichever is **later**. **Note:** Unless extended, this waiver will expire March 30, 2023.

3. [Staffing Ratio of Pharmacists to Intern Pharmacists and General Supervision – Immunizations \(BPC section 4114\)](#)
Summary: Increases the ratio of pharmacists to intern pharmacist under specified conditions.
Amended and Reissued: October 14, 2021
Expiration: December 31, 2022, or 30 days after the emergency declaration is lifted, whichever is **sooner**. **Note:** Unless extended, this waiver will expire on December 31, 2022.

4. [Prescriber Dispensing of COVID-19 Oral Therapeutic Medication to Emergency Room Patient \(Including BPC sections 4068\(a\)\(1\), 4068\(a\)\(5\), 4068\(a\)\(6\) and 4076.5\)](#)
Summary: Lifts prohibition against a prescriber dispensing FDA authorized or approved COVID-19 therapeutics to an emergency room patient under specified conditions.
Effective: January 14, 2022
Expiration: 30 days following the end of the declared disaster. **Note:** This waiver will expire March 30, 2023.

Site Specific Waivers

As pandemic conditions changed, at times travel was restricted. During such times site specific waivers were approved to allow for continuity of patient care. As of June 30, 2022, the Board has issued 73 licenses and renewed 272 licenses with an approved waiver of the in-person inspection. In such instances a desk audit was completed prior to submission of a recommendation to the president for consideration of the waiver request.

Temporary Licenses

Since early in the pandemic, the Board has worked to issue temporary licenses to address distribution of PPE, ventilators, and vaccinations, as well as temporary licenses for surge locations and other pharmacies. As of June 30, 2022, the Board has issued 41 temporary licenses.

b. Sunset Review

On December 2, 2019, the Board submitted its [Sunset Review Report](#). Following a delay in oversight hearings caused by the COVID-19 pandemic, on December 1, 2020, the Board submitted a [supplemental report](#) providing updated information as well as information on the Board's COVID-19 response. Following oversight

hearings, legislation was passed extending the Board until January 1, 2026.

It is anticipated that the Board's next report will be due either late in 2024 or early 2025. To monitor activities, last year the Board determined it appropriate to review information related to the sunset process annually. As the work of the Board continues, new issues arising, changes in law occurring and operations changing it is anticipated that the report will change significantly. It is recommended that members contact the executive officer to discuss any questions or concerns with information contained in the report. **Attachment 1** includes portions of the questionnaire generally used by the oversight committees. This information will ultimately be included in the Board's next Sunset Report.

c. Biannual Report of the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE) and the North American Pharmacist Licensure Examination (NAPLEX)

Twice a year the Board publishes a report on the pass rates for the CPJE and NAPLEX exams. **Attachment 2** includes the aggregate information for examinations administered between May 2022 and September 2022 inclusive.

The CPJE overall pass rate during the reporting period was 66.8 percent with the California schools having higher pass rates. Overall California graduates have a higher pass rate than other candidates. When compared to the pass rate of the CPJE for the similar reporting period last year, there is about an 8.6 percent increase.

The overall pass rate for the NAPLEX exam during the reporting period was 84.2 percent, with 6 of the California schools having higher pass rates. When compared to the pass rate of the NAPLEX for the similar reporting period last year, there is 6.5 percent decrease.

d. Overview of Presentations and Outreach to Licensees and Consumers

Presentations

Since the beginning of the fiscal year staff have provided trainings and presentations to stakeholders. The information is detailed below:

- July 8, 2022 – 6 Hour training, “Prescription Drug Abuse Prevention, What a Pharmacist should know.”
- September 11, 2022 – Pharmacy law presentation
- September 16, 2022 – Pharmacy law presentation
- October 1, 2022 – Pharmacy law presentation

Outreach

Staff recently developed and executed the following three public outreach campaigns, using both traditional and social media platforms. Messages posted on social media were well received, including “like” and “retweets” of messages on Twitter. Samples of social media messages for each campaign are in

Attachment 3.

- Opioid, Heroin, Fentanyl, and Prescription Drug Abuse Awareness Month (September) – Staff worked with DCA to create a visual graphic for use with social media messages. Staff also posted the graphic on the Board’s website with links to information about prescription drug abuse and treatment resources, as well as drug take-back information. Staff also issued subscriber alerts about the awareness campaign and invited subscribers to follow related messages on Twitter. In addition, DCA reposted the Board’s social media messages on Twitter.
- American Pharmacists Month (October) – Staff posted social media messages that highlighting and thanking pharmacists for their contributions to protect the health and well-being of patients, consumers, and communities in California. Specific messages also observed October 12 as Women Pharmacist Day and October 19 as National Pharmacy Technician Day.
- National Prescription Drug Take Back Day (October 29) – Staff is posting social media messages reminding consumers this event helps stop drug abuse by providing an opportunity to safely dispose of unused, unwanted, or expired prescription medications in homes. Staff will also issue subscriber alerts about the take-back day as well as the Board’s own online resources for finding California pharmacies that offer drug take-back services. This event is sponsored twice annually by the U.S. Drug Enforcement Administration.

Attachment 1

Board of Pharmacy

BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM

Interim Update October 2022

Section 1 – Background and Description of the Board and Regulated Profession

The Board comprises 13 members: seven pharmacists and six public representatives. The Senate Rules Committee and the Speaker of the Assembly each appoint one public member. The other 11 members are appointed by the Governor.

- Seung Oh, President, Licensee Member
- Maria Serpa, Vice President, Licensee Member
- Jignesh Patel, Treasurer, Licensee Member
- Renee Armendariz Barker, Licensee Member
- Indira J Cameron-Banks, Public Member
- Trevor Chandler, Public Member
- Jessica Crowley, Licensee Member
- Jose De La Paz, Public Member
- Kartikeya Jha, Licensee Member
- Kula Koenig, Public Member
- Ricardo Sanchez, Public Member
- Nicole Thibeau, Licensee Member
- Jason Weisz, Public Member

Board Committees and their Functions

The Board performs much of its work in committees. These committees develop and recommend policies that advance mission-related goals in the Board's strategic plan. The Board discusses, modifies and acts upon committee recommendations at public meetings. In addition to standing committees, the Board has temporary task force or ad hoc committees and one specialized standing committee.

The Board's strategic plan establishes five standing committees. The Board manages, plans, and tracks its operations through its strategic plan, which is annually updated and fully reassessed about every five years. The current plan was established in 2021. Committee memberships are periodically updated in part because of Board membership changes.

Licensing Committee

This committee oversees the professional qualifications of licensees entering the practice of pharmacy, establishes minimum standards for Board-licensed facilities, and ensures appropriate practice standards.

Current members:

Seung Oh, Chair, Licensee Member

Jignesh Patel, Vice-Chair, Licensee Member

Indira Cameron-Banks, Public Member

Jessica Crowley, Licensee Member

Jason Weisz, Licensee Member

Enforcement and Compounding Committee

This committee exercises oversight of all drug distribution and dispensing activities – including drug compounding – and enforcement of state and federal pharmacy laws.

Current members:

Maria Serpa, Chair, Licensee Member

Jignesh Patel, Vice-Chair, Licensee Member

Renee Barker, Licensee Member

Indira Cameron-Banks, Public Member

Seung Oh, Licensee Member

Ricardo Sanchez, Public Member

Communication and Public Education Committee

This committee is responsible for outreach and information for consumers, including the importance of discussing medications with their pharmacists, patients complying with their prescription treatment regimens, and becoming better informed about drug therapy and health. The committee also ensures development of educational materials for licensees regarding new laws, Board policies, and emerging issues.

Current members:

Ricardo Sanchez, Chair, Public Member

Jason Weisz, Vice-Chair, Public Member

Jose De La Paz, Public Member

Kartikeya Jha, Licensee Member

Kula Koenig, Public Member

Nicole Thibeau, Licensee Member

Legislation and Regulation Committee

This committee advocates legislation and promulgates regulations that advance the Board's vision and mission.

Current members:

Jessica Crowley, Chair, Licensee Member

Jose De La Paz, Vice-Chair, Public Member

Trevor Chandler, Public Member

Kartikeya Jha, Licensee Member

Maria Serpa, Licensee Member

Nicole Thibeau, Licensee Member

Organizational Development Committee

This Board president and vice president are the only members of this committee, which typically does not meet in public. The committee is responsible for strategic planning, budget management, and staff development activities. The committee reports on the Board's expenditures, revenue, and fund condition at quarterly Board meetings.

Current members:

Seung Oh, President, Public Member

Maria Serpa, Vice President, Licensee Member

Board member attendance is reported quarterly. Board and Committee Member Roster to be provided as part of the final report. Outcomes from the Medication Error Reduction and Workforce and Standard of

Care Ad Hoc Committees will also be highlighted in final report. A chart detailing the licensing programs, authority and brief description will also be provided.

Meeting Quorums

Business and Professions Code section 4002 requires the presence of seven Board members to take action at meetings. There have been two instances where the Board was unable to secure a quorum; however, in both instances a Committee of the Board proceeded consistent with BPC 4309(c).

Fiscal Year	Number of Board Meetings	Board Meeting Days	Committee Meetings
FY 2020/21	11	15	15
FY 2021/22	10	14	16
Total	21	29	31

Major Changes

Strategic Plan

In 2021 the Board completed development of a new strategic plan. The plan was a joint effort between Board members, staff, and the public to identify key issues and establish strategic objectives. As part of its process, the Board leveraged its prior strategic plan and analyzed trends in pharmacy practice, consumer needs and health care. The Board’s vision statement, “Healthy Californians through safe, quality pharmacist care” remains relevant and reflects how the Board establishes its priorities and policies.

Board Membership

The Board has several new members. Except for one member currently serving their year of grace, the longest serving member was appointed in 2018.

Board-Sponsored Legislation and Legislation Affecting the Board

2021 Legislation

Board Sponsored

- SB 409 (Chapter 604, Statutes of 2021) Pharmacy Practice: Testing

Enacted Legislation Impacting the Board

- AB 107 (Chapter 639, Statutes of 2021) Licensure: Veterans and Military Spouses
- AB 527 (Chapter 618, Statutes of 2021) Controlled Substances. (Included Board-sponsored provisions)
- AB 1064 (Chapter 655, Statutes of 2021) Pharmacy Practice: Vaccines: Independent Initiation and Administration

- AB 1533 (Chapter 629, Statutes of 2021) included numerous Board-sponsored provisions as part of the Sunset Review Process
- SB 306 (Chapter 486, Statutes of 2021) Sexually Transmitted Disease: Testing
- SB 310 (Chapter 541, Statutes of 2021) Unused Medications: Cancer Medication Recycling
- SB 311 (Chapter 384, Statutes of 2021) Compassionate Access to Medical Cannabis Act or Ryan's Law
- SB 362 (Chapter 334, Statutes of 2021) Chain Community Pharmacies: Quotas

2022 Legislation

Board Sponsored

- The Board did not sponsor legislation.

Enacted Legislation Impacting the Board

- AB 852 (Chapter 518, Statutes of 2022) Health Care Practitioners: Electronic Prescriptions (Included Board-sponsored provision.)
- AB 2194 (Chapter 958, Statutes of 2022) Pharmacists and Technicians: Continuing Education: Cultural Competency
- SB 731 (Chapter 841, Statutes of 2022) Criminal Records: Relief
- SB 872 (Chapter 220, Statutes of 2022) Pharmacies: Mobile Units
- SB 988 (Chapter 988, Statutes of 2022) Compassionate Access to Medical Cannabis Act or Ryan's Law
- SB 1259 (Chapter 245, Statutes of 2022) Pharmacists: Furnishing Opioid Antagonists
- SB 1346 (Chapter 384, Statutes of 2021) Surplus Medication Collection and Distribution

Regulation Changes

2021 Regulation Changes

- Amend Section 1780, 1781, 1782, and 1782 – Drug Distributors
Effective Date: April 1, 2021
- Amend Section 1747 – HIV Preexposure and Postexposure Prophylaxis Furnishing
Effective Date: June 8, 2021
- Amend Sections 1702, 1702.1, 1702.2, 1702.5 – Renewal Requirements
Effective Date: July 1, 2020
- Amend 1707 – Off-site Storage
Effective: July 1, 2021
- Add Section 1711, 1713, and 1715.1 – Automated Drug Delivery Systems
Effective Date: July 1, 2021

2022 Regulation Changes

- Amend Section 1746.4 – Administering Vaccines
Effective January 25, 2022
- Amend Section 1709 – Ownership, Management & Control of Business Entity
Effective April 1, 2022
- Amend Section 1704 – Address Change Notification
Effective April 1, 2022

- Amend Section 1715.6 – Reporting Drug Loss
Effective April 1, 2022
- Amend Sections 1715.5 – Automatic Refill Programs
Effective Date: July 1, 2022
- Amend Section 1708.2 – Notification of Temporary Closure
Effective October 1, 2022
- Amend Section 1715 – Pharmacy/Hospital Self-Assessment Forms
Effective October 1, 2022
- Amend Section 1784 – Wholesaler/3PL Self-Assessment Form
Effective October 1, 2022

2023 Regulation Changes

- Amend Section 1715.65 – Inventory Reconciliation
Effective January 1, 2023

Pending regulations will be compiled at the end of the full reporting period.

Major Studies

The Board contracted with the Office of Professional Examination Services to conduct the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE), the North American Pharmacist Licensure Examination (NAPLEX), and the Multistate Pharmacy Jurisprudence Examination (MPJE).

The Board contracted with Capital Accounting Partners, LLC to conduct an independent audit of the Board's fees.

National Associations

The board is a member of the National Association of Boards of Pharmacy. As a full member, the board has one vote in matters before the association.

Meetings of National Associations Attended:

- NABP 117th Annual Meeting (May 2021) – Virtual Event
- NABP 118th Annual Meeting (May 2022) – Arizona

National Exam Involvement

The board does not have specific representation on the national exam committee. However, former members of the Competency Committee (which develops the California exam) participate in the scoring and analysis of the NAPLEX. The board is otherwise not involved.

Section 2 – Performance Measures and Customer Satisfaction Surveys

Performance measures and customer satisfaction surveys are saved and will be formatted for the final report.

Section 3 – Fiscal and Staff

Fund Appropriation

Business and Professions Code section 4406 provides that all fees collected on behalf of the Board and all receipts of every kind and nature shall be credited to the Pharmacy Board Contingent Fund, which is created in this section. The contingent fund shall be available, upon appropriation of the Legislature for use of the Board.

Board Senate Bill 212 (Jackson, Chapter 1002, Statutes of 2018), established the Pharmaceutical and Sharps Stewardship Fund, and provided provisions for the Board to seek reimbursement from the fund for purposes of administering and enforcing the measure.

Reserve Level/Spending

Business and Professions Code section 4400(p), provides that it is the intent of the Legislature that, in setting fees, the Board shall seek to maintain a reserve in its fund equal to approximately one year's operating expenditure. The Board is currently significantly below this level. At the end of fiscal year 2021/22, the Board's reserve level is at 4.8 months, which is about \$13,547,000.

Fund Condition	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Fund Balance	10,177	13,849	12,203	9,794	6,369
Months in Reserve	4.1	4.9	4.2	3.3	2.1

Future Fee Increases

The Board recently secured an independent fee analysis. The analysis concluded that the Board is not fully recovering its costs. The auditors noted the need for the Board to create a culture of sustainability and offered several recommendations including:

1. Adopt and implement the fees recommended by the Board Leadership.
2. Regular adjustment of fees.
3. Set the fee caps for a ten-year forward projection.

General Fund Loans

The Board loaned \$2.4M to the general fund in FY 2019/20. More recently as part of the Governor's 2022-23 May Revision, the Board's allocated share of \$1.258M was provided to the general fund.

Table 2. Fund Condition						
(Dollars in Thousands)	FY 2020/21	FY 2021/22	FY 2022/23 estimate	FY 2023/24 estimate	FY 2024/25 estimate	
Beginning Balance	\$ 8,890	\$ 10,177	\$ 13,849	\$ 12,203	\$ 9,794	
Revenues and Transfers	\$ 32,992	\$ 34,420	\$ 32,322	\$ 32,325	\$ 32,322	
Total Revenue	\$ 41,882	\$ 43,869	\$ 46,171	\$ 44,528	\$ 42,116	
Budget Authority	\$ 28,877	\$ 30,604	\$ 31,375	\$ 32,141	\$ 33,105	
Expenditures	\$ 26,102	\$ 27,483	\$ 31,375	\$ 32,141	\$ 33,105	
Loans/Transfer to General Fund	\$ 2,400	\$1,258	-	-	-	
Accrued Interest, Loans to General Fund	\$ -	\$ -	-	-	-	
Loans Repaid From General Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fund Balance	\$10,177	\$13,849	\$ 12,203	\$ 9,794	\$ 6,369	Pending
Months in Reserve	4.1	4.9	4.2	3.3	2.1	Pending

Table 3. Expenditures by Program Component								
(list dollars in thousands)								
	FY 2020/21		FY 2021/22		FY 2022/23		FY 2023/24	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	10,981	6,328	12,323	5,560				
Examination	129	146	137	202				
Licensing	3,539	433	4,092	476				
Administration *	1,894	224	2,145	254				
DCA Pro Rata	-	3,661	-	3,985				
Diversion (if applicable)	171	202	168	181				
TOTALS	\$ 16,714	\$ 10,994	\$18,865	\$10,658				

*Administration includes costs for executive staff, board, administrative support, and fiscal services.

Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)							
Fee	Current Fee Amount	Statutory Limit	FY 2018/19 Revenue	FY 2019/20 Revenue	FY 2020/21 Revenue	FY 2021/22 Revenue	% of Total Revenue
Initial Individual Applications							
Advanced Practice Pharmacist	\$300	\$300	72	59	50	40	0.11%
Designated Representative (EXC)	\$210	\$210	59	55	93	81	0.23%
Designated Representative (EXV)	\$210	\$210	2	1	1	0	0.00%
Designated Representative Third-Party Logistics Provider (3PL)	\$210	\$210	0	0	0	1	0.00%
Designated Representative Reverse Distributor (DRL)	\$210	\$210	14	13	21	23	0.07%
Designated Paramedic	\$140	\$140	0	0	0	0	0.00%
Intern Pharmacist	\$230	\$230	363	338	410	390	1.15%
Pharmacist Exam	\$285	\$285	646	664	655	608	1.79%
Pharmacist Exam Retake	\$285	\$285	224	286	397	432	1.27%
Pharmacist Licensure	\$215	\$215	394	367	428	360	1.06%
Pharmacy Technician	\$195	\$195	736	641	921	1,059	3.11%
Initial Facility Applications							
340B Clinic Automated Patient Dispensing System	\$300	\$500	0	0	0	1	0.00%
Automated Patient Dispensing System (APDS)	\$200	\$250	0	2	0	0	0.00%
Automated Unit Dispensing System (AUDS)	\$200	\$250	84	157	43	45	1.32%
Centralized Hospital Packaging	\$1,150	\$1,150	3	0	1	1	0.00%
Clinic Permit	\$570	\$570	103	62	59	68	0.20%
Co-Location Agreement	\$750	\$750	0	0	0	0	0.00%

Correctional Automated Drug Delivery System (ADDS)	\$200	\$250	0	0	0	0	0.00%
Correctional Clinic	\$570	\$570	0	0	0	0	0.00%
EMS Automated Drug Delivery System	\$100	\$100	0	0	0	0	0.00%
Hospital Pharmacy	\$570	\$570	27	14	15	17	0.05%
Hospital Satellite Compounding Pharmacy	\$2,305	\$2,305	12	3	0	0	0.00%
Hypodermic Needle	\$240	\$240	2	1	3	2	0.01%
*Government-Owned Clinic	\$570	\$570	0	0	0	20	0.06%
*Government-Owned Hospital Pharmacy	\$570	\$570	0	0	0	0	0.00%
*Government-Owned Hypodermic Needle	\$240	\$240	0	0	0	0	0.00%
*Government-Owned Pharmacy	\$570	\$570	0	0	0	1	0.00%
*Government-Owned Sterile Compounding	\$2,305	\$2,305	0	0	0	12	0.04%
Nonresident Third-Party Logistics Provider	\$820	\$820	13	16	31	25	0.07%
Nonresident Pharmacy	\$570	\$570	85	60	77	82	0.23%
Nonresident Outsourcing Facility	\$3,335	\$3,335	12	26	27	10	0.03%
Nonresident Sterile Compounding	\$3,335	\$3,335	41	31	42	40	0.12%
Nonresident Wholesaler (OSD)	\$820	\$820	76	78	91	81	0.24%
Nonresident Wholesaler 21+ Facilities	\$820	\$820	0	0	0	0	0.00%
Outsourcing Facility	\$3,180	\$3,180	5	3	0	0	0.00%
Pharmacy	\$570	\$570	254	188	200	211	0.62%
Drug Room	\$570	\$570	n/a	n/a	2	0	0.00%
Remote Dispense Site Pharmacy	\$570	\$570	0	2	2	1	0.00%
Sterile Compounding	\$2,305	\$2,305	244	171	199	133	0.39%
Third-Party Logistics Provider	\$820	\$820	9	8	9	7	0.02%
Vet Food-Animal Drug Retailer	\$610	\$610	2	0	0	1	0.00%
Wholesaler Drug	\$820	\$820	52	44	52	38	0.11%
Wholesaler w/more 21+ facilities	\$820	\$820	0	0	0	0	0.00%

Wholesaler Emergency Medical Service Provider	\$780	\$780	0	0	0	0	0.00%
Miscellaneous Fees							
Change of Address/ Trade style Name (Facility Only)	\$45	\$45	8	11	6	9	0.03%
Change of Designated Representative in Charge	\$130	\$30	16	16	18	20	0.06%
Change of Pharmacist in Charge	\$130	\$130	203	201	243	341	1.00%
Change of Responsible Manager	\$130	\$130	2	3	3	4	0.01%
Change of Permit	\$130	\$130	120	106	111	250	0.74%
Duplicate/Replacement Certificate	\$45	\$45	68	62	62	61	0.18%
Evaluation of Continuing Education Courses	\$40 per hour	\$40 per hour	0	0	0	0	0.00%
Regrade of Pharmacist Examination	\$115	\$115	0	0	2	2	0.01%
Retired Pharmacist License	\$45	\$45	7	9	13	15	0.04%
Transfer of Intern Hours/ License Verification	\$30	\$30	32	22	25	22	0.06%
Temporary License Fees							
Correctional Pharmacy Permit Temporary	\$325	\$325	0	0	0	0	0.00%
*Government-Owned Hospital Pharmacy Temporary Permit	\$325	\$325	0	0	0	0	0.00%
Hospital Temporary Permit	\$325	\$325	15	8	9	10	0.03%
Hospital Satellite Compound Pharmacy Temporary Permit	\$715	\$715	2	0	0	0	0.00%
Nonresident Pharmacy Temporary Permit	\$325	\$325	31	25	31	32	0.09%
Drug Room Temporary Permit	\$325	\$325	n/a	n/a	1	0	0.00%
Nonresident Outsourcing Facility Temporary Permit	\$715	\$715	2	4	3	0	0.00%
Nonresident Sterile Compounding Temporary Permit	\$715	\$715	7	3	4	6	0.02%

Nonresident Third-Party Logistics Provider Temporary Permit	\$715	\$715	3	6	17	8	0.02%
Nonresident Wholesaler Temporary Permit	\$715	\$715	21	27	24	28	0.08%
Pharmacy Temporary Permit	\$325	\$325	281	83	85	95	0.28%
Outsourcing Facility Temporary Permit	\$715	\$715	1	0	0	0	0.00%
Remote Dispensing Site Pharmacy Temporary Permit	\$325	\$325	0	0	0	0	0.00%
*Government-Owned Sterile Compounding Temporary Permit	\$715	\$715	0	0	0	1	0.00%
Sterile Compounding Temporary Permit	\$715	\$715	49	27	36	32	0.09%
Third-Party Logistics Provider Temporary Permit	\$715	\$715	4	3	4	2	0.01%
Vet Food-Animal Drug Retailer Temporary Permit	\$250	\$250	0	0	0	0	0.00%
Wholesaler Temporary Permit	\$715	\$715	20	19	23	16	0.04%
Renewal Fees							
Biennial							
Advanced Practice Pharmacist	\$300	\$300	53	81	134	126	0.37%
Pharmacist License	\$505	\$505	7,520	8,074	10,684	11,104	32.66%
Pharmacy Technician	\$195	\$195	4,267	4,366	5,867	5,502	16.18%
Designated Paramedic	\$140	\$140	n/a	n/a	0	0	0.00%
Annual							
Designated Representative (EXC)	\$300	\$300	544	562	732	723	2.13%
Designated Representative (EXV)	\$300	\$300	13	14	16	15	0.04%
Designated Representative Third-Party Logistics Provider (3PL)	\$300	\$300	49	53	88	97	0.29%
Designated Representative Reverse Distributor (DRR)	\$300	\$300	0	0	0	1	0.00%
340B Clinic Automated Patient Dispensing System	\$300	\$500	0	0	0	0	0.00%
Automated Patient Delivery System	\$200	\$250	0	0	0	0	0.00%
Automated Unit Dispensing System	\$200	\$250	0	123	173	174	0.51%

Centralized Hospital Packaging	\$1,125	\$1,125	6	6	8	9	0.03%
Clinic Permit+	\$360	\$360	328	348	417	729	2.14%
Correctional Automatic Dispensing System	\$200	\$250	(1)	0	0	0	0.00%
Correctional Pharmacy	\$930	\$930	n/a	n/a	0	53	0.16%
Drug Room+	\$930	\$930	n/a	n/a	8	18	0.05%
Exempt Hospital Pharmacy	\$930	\$930	0	1	n/a	n/a	n/a
Correctional Clinic	\$360	\$360	0	0	0	0	0.00%
EMS Automated Drug Delivery System	\$100	\$100	0	0	0	0	0.00%
Government-Owned Centralized Hospital Packaging	\$1,125	\$1,125	n/a	n/a	2	2	0.01%
Hospital Pharmacy+	\$930	\$930	0	32	182	268	0.79%
Hospital Satellite Compounding Pharmacy	\$1,855	\$1,855	1	3	7	11	0.03%
Hypodermic Needle+	\$280	\$280	48	52	66	65	0.19%
Nonresident Third-Party Logistics Provider	\$820	\$820	48	43	63	77	0.23%
Nonresident Pharmacy	\$930	\$930	297	339	458	450	1.32%
Nonresident Outsourcing Facility	\$3,180	\$3,180	39	42	70	60	0.18%
Nonresident Sterile Compounding	\$3,180	\$3,180	136	153	186	181	0.53%
Nonresident Wholesaler (OSD)	\$820	\$820	495	485	558	562	1.65%
Outsourcing Facility	\$1,855	\$1,855	1	7	6	7	0.02%
Pharmacy+	\$930	\$930	4,418	4,870	5,925	6,022	17.71%
Remote Dispense Site Pharmacy	\$930	\$930	0	0	1	1	0.00%
Sterile Compounding+	\$1,855	\$1,855	894	942	1,280	1,501	4.41%
Third-Party Logistics Provider	\$820	\$820	14	17	21	25	0.07%
Vet Food-Animal Drug Retailer	\$460	\$460	6	7	9	8	0.02%
Wholesaler Drug+	\$820	\$820	350	333	366	363	1.07%
Wholesaler Emergency Medical Services Provider	\$780	\$780	0	0	0	0	0.00%
Renewal Delinquency Fees							
Biennial							
Advanced Practice Pharmacist	\$150	\$150	0	1	1	2	0.01%
Pharmacist License	\$150	\$150	38	43	50	58	0.17%
Pharmacy Technician	\$97.50	\$97.50	109	122	118	127	0.37%

Designated Paramedic	\$65	\$65	n/a	n/a	0	0	0.00%
Annual							
Designated Representative (EXC)	\$150	\$150	16	17	26	20	0.06%
Designated Representative (EXV)	\$150	\$150	0	1	0	0	0.00%
Designated Representative Third-Party Logistics Provider (3PL)	\$150	\$150	2	2	2	2	0.01%
Designated Representative Reverse Distributor (DRR)	\$150	\$150	0	0	0	0	0.00%
Designated Paramedic	\$65	\$65	0	0	0	0	0.00%
Drug Room	\$150	\$150	n/a	n/a	0	0	0.00%
340B Clinic Automated Patient Dispensing System	\$150	\$150	0	0	0	0	0.00%
Automated Drug Delivery System	\$100	\$100	0	0	1	0	0.00%
Centralized Hospital Packaging	\$150	\$150	0	0	0	0	0.00%
Clinic Permit+	\$150	\$150	13	12	15	25	0.07%
Correctional Automatic Dispensing System	\$100	\$100	(1)	0	0	0	0.00%
Correctional Clinic	\$150	\$150	0	0	0	0	0.00%
Exempt Hospital Pharmacy	\$150	\$150	0	0	n/a	n/a	n/a
EMS Automated Drug Delivery System	\$35	\$35	0	0	0	0	0.00%
Government Owned Centralized Hospital Packaging	\$150	\$150	n/a	n/a	0	0	0.00%
Hospital+	\$150	\$150	0	0	0	0	0.00%
Hospital Satellite Compounding Pharmacy	\$150	\$150	0	0	0	0	0.00%
Hypodermic Needle+	\$150	\$150	2	3	2	4	0.01%
Nonresident Third-Party Logistics Provider	\$150	\$150	0	0	1	0	0.00%
Nonresident Pharmacy	\$150	\$150	2	3	1	3	0.01%
Nonresident Outsourcing Facility	\$150	\$150	0	0	0	0	0.00%
Nonresident Sterile Compounding	\$150	\$150	0	0	0	0	0.00%
Nonresident Wholesaler (OSD)	\$150	\$150	3	4	7	5	0.01%
Outsourcing Facility	\$150	\$150	0	0	0	0	0.00%
Pharmacy+	\$150	\$150	3	4	4	6	0.02%
Remote Dispensing Site Pharmacy	\$150	\$150	0	0	0	0	0.00%

Sterile Compounding+	\$150	\$150	0	0	1	1	0.00%
Third-Party Logistics Provider	\$150	\$150	0	0	0	0	0.00%
Vet Food-Animal Drug Retailer	\$150	\$150	0	0	0	0	0.00%
Wholesaler Drug+	\$150	\$150	2	2	3	7	0.02%
Wholesaler Emergency Medical Service Provider	\$150	\$150	0	0	0	0	0.00%

- *Government-Owned facilities were previously named Exempt facilities. Data did not change from previous Sunset Report, only a name change for these license types has occurred.
- +Includes Government-Owned facilities renewal fees.
- FY 20/21 Figures based on Revenue Month 13 Fi\$Cal Report.
- FY 21/22 Figures based on Revenue Month 13 Fi\$Cal Report.

Budget change proposal will be documented in the final report.

Staffing Issues

The board has 138.8 authorized positions, including 63 licensed pharmacists whose education and experience in various practice settings provide insight into investigations and potential risks to patients. Board inspectors can quickly assess practice environments for violations placing consumers at risk and also provide technical advice to licensees about compliance with state and federal laws. Since the beginning of the COVID-19 pandemic the Board has experienced some difficulties in filling vacancies.

Staff is encouraged to participate in the individual development process (IDP) to avail themselves of programs such as the department’s upward mobility program and analyst certification program. The board believes in this process and notes that 34 of its non-pharmacist staff have received at least one promotion during their tenure with the board and 18 staff have had multiple promotions. To retain staff and expand its organizational knowledge, the board is currently working to reclassify appropriate analyst positions to interchangeable positions which will more easily allow staff to be promoted in place. In addition, the board provides cross training not only to expand staff knowledge but also to address succession planning.

The board currently has the following vacancies:

- 1 Assistant Executive Officer (CEA)
- 3 Inspector positions
- 6.5 Licensing positions
- 2 Enforcement positions
- 2 Administration positions

The board strives for timely recruitment and onboarding of new employees as delays in filling vacancies create a backlog of work, resulting in unavoidable delays in board business activities. To expand our recruitment efforts the board occasionally posts high level management job openings beyond CalCareers to include other publications.

In August 2022 the Department of Consumer Affairs announced a departmental Executive Steering Committee whose purpose is to take actionable steps to embed diversity, equity and inclusion into the

Department's framework and strategy. Likewise, the board is committed to diversity, equity, inclusion, and accessibility in carrying out its consumer protection mandate. Staff has updated all job postings to specifically state the importance the board places on these values to attract, develop and retain diverse talent and demonstrate value and respect for individuals and their uniqueness.

Staff Development

The Board of Pharmacy encourages all staff members to participate in a wide variety of training to enhance their skill set. Staff members have been encouraged to participate in training virtually through Microsoft TEAMS, teleconferences, and other modes of learning that encourage social distancing. In FY 21/22, Board staff participated in 43 various training courses through the Department of Consumer Affairs training department, SOLID. These courses are offered to Board staff members at no cost. Courses can be as short as 30-minutes to 2-hours to help staff members enhance their skills in customer service, the Microsoft Suite, or courses for upward mobility in their career. The Board also spent \$12,260 on an additional 26 trainings for staff through outside vendors. These trainings included specialized trainings for managers and inspector staff.

	No. of Courses FY 20/21	No of Attendees FY 20/21	No. of Courses FY 21/22	No of Attendees FY 21/22	No. of Courses FY 22/23	No of Attendees FY 22/23	No. of Courses FY 23/24	No of Attendees FY 23/24
Department Provided Training	40	19	43	45				
External Vendor Training	7	8	7	26				
Internal Staff Training	4	215	5	267				

Training Expenses (not including travel costs)

	FY 2020/2021	FY 2021/2022	FY 2022/23	FY 2023/24
External Vendor Training Costs	\$2,714	\$12,260		

Performance Target

The Board publicly reports its performance at quarterly meetings. The Board established extremely aggressive targets that balance the Board's mandate to protect consumers with the needs of individuals and businesses entering the marketplace.

The Board is not meeting its performance measures for some of its site applications. This is in part due to staff vacancies and challenges with recruitment. The Board has experienced an increase in the number of temporary applications received and the ownership structures of pharmacies have changed significantly in complexity. The Board is working to recruit for vacancies and works with applicants to schedule calls with applicants to discuss requirements. The Board recently also secured additional resources to assist with increases in site licensing workload. The Board is also engaged in business modernization activities which include evaluating processes for improvement. Ultimately replacing the Board's current application tracking system will streamline engagement with applicants.

The Board has reduced processing times from FY 2020/21 to FY 21/22 for the following license types:

- Complete Applications
 - Clinic
 - Designated Representative -3PL
 - Designated Representative – Wholesaler
 - Hospital
 - Intern Pharmacist
 - Pharmacy Technician
 - Third-Party Logistics Provider
- Incomplete Applications
 - Designated Representative -3PL
 - Designated Representative -Reverse Distributor
 - Drug Room
 - Designated Representative -Veterinary Food-Animal Drug Retailer
 - Designated Representative -Wholesaler
 - Intern Pharmacist
 - Outsourcing Facility -Nonresident
 - Wholesaler by

Licenses or Registrations Denied Based on Criminal History

Over the last two years the board received over 30,092 applications. The board issued over 19,605 licenses and denied 88 applications. The causes for denial vary based on the type of application. For example, an outsourcing application may be denied because the facility does not comply with current good manufacturing practices, while a pharmacist technician application may be denied for conviction of a crime the board has determined to be substantially related to the position.

Application Denials

	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Criminal Conviction	10	30		
Total Denial	33	55		

Categories of Convictions

	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Acts Involving Drugs/Alcohol	8	22		
Acts Involving Theft/Fraud	3	8		
Criminal Sexual Behavior	0	2		
Violent Crime	2	3		

Note: The data above includes convictions for all categories. If an applicant had a conviction in more than one of the above categories, both are reflected.

Provided below is some summary information for applications that were denied:

FY 2020/21

- Pharmacy Technician: The board denied eight (8) pharmacy technician applications, typically for one or more convictions of a crime substantially related to the functions of a pharmacy technician, including driving under the influence of alcohol, fraud, burglary, and possession of drug paraphernalia.
- Pharmacist: The board denied four (4) pharmacist applications based on prior license discipline and driving under the influence of alcohol.
- Intern Pharmacist: The board denied two (2) intern pharmacist applications based on criminal history substantially related to the functions of an intern pharmacist, including driving under the influence of alcohol and grand theft.

- Pharmacy: The board denied eleven (11) pharmacy applications primarily due to pending investigations of pharmacies with common ownership.
- Nonresident pharmacy: The board denied four (4) nonresident pharmacy applications primarily due to pending investigations of pharmacies with common ownership and unlicensed activity.
- Nonresident sterile compounding: The board denied three (3) nonresident sterile compounding applications based on pending investigations of pharmacies with common ownership, formal license discipline, and failure to pass the board's licensing inspection.
- Nonresident Outsourcing Facility: The board denied one (1) nonresident outsourcing facility license application based on non-compliance with good manufacturing practices and/or failure to comply with regulations adopted by the board.

FY 2021/22

- Pharmacy Technician: The board denied 30 pharmacy technician applications, typically for one or more convictions of a crime substantially related to the functions of a pharmacy technician, including driving under the influence of alcohol, theft, lewd conduct, battery, and possession of a controlled substance.
- Pharmacist: The board denied five (5) pharmacist applications based on criminal history, prior or pending license discipline, exam misconduct, and mental evaluation per CC&R 1769.
- Designated Representative – 3PL: The board denied one (1) designated representative – 3PL application based on criminal history.
- Pharmacy: The board denied 12 pharmacy applications primarily due to pending investigations of pharmacies with common ownership or prescriber ownership.
- Nonresident pharmacy and nonresident sterile compounding: The board denied three (3) nonresident pharmacy applications and two (2) nonresident sterile compounding applications based on disciplinary action in their home states, prescriber ownership, and failure to comply with regulations adopted by the board.
- Outsourcing: The board denied one (1) outsourcing facility license application based on non-compliance with good manufacturing practices and/or failure to comply with regulations adopted by the board.
- Wholesaler: The board denied one (1) wholesaler application based on pending discipline.

Table 6. Licensee Population			
License Type		FY 2020/21	FY 2021/22
Designated Representative Wholesaler (EXC)	<u>Active[1]</u>	2745	1877
	Out of State	*	769
	Out of Country	*	2
	Delinquent/Expired	95	37
	Inactive	0	0
	<u>Other[2]</u>	4	4
Designated Representative Veterinary Food-Animal Drug Retailer (EXV)	<u>Active[1]</u>	57	54
	Out of State	*	0
	Out of Country	*	0
	Delinquent/Expired	2	0
	<u>Other[2]</u>	0	0
Designated Representative Third-Party Logistics Provider (DRL)	<u>Active[1]</u>	383	387
	Out of State	*	277
	Out of Country	*	1
	Delinquent/Expired	9	6
	<u>Other[2]</u>	0	0
Designated Representative Reverse Distributor (DRR)	<u>Active[1]</u>	4	7
	Out of State	*	4
	Out of Country	*	0
	Delinquent/Expired	3	3
	<u>Other[2]</u>	0	0
Designated Paramedic (DPM)	<u>Active[1]</u>	3	3
	Out of State	*	1
	Out of Country	*	0
	Delinquent/Expired	0	0
	<u>Other[2]</u>	0	0
Intern Pharmacist (INT)	<u>Active[1]</u>	5999	5358
	Out of State	*	317
	Out of Country	*	5
	Inactive	N/A	N/A
	<u>Other[2]</u>	0	0
License Type		FY 2020/21	FY 2021/22
Pharmacist (RPH)	<u>Active[1]</u>	45243	44532
	Out of State	*5792	*5453
	Out of Country	*161	*157
	Delinquent/Expired	2485	3019
	Retired Status if applicable	1798	2127
	Inactive	1256	1184
	<u>Other[2]</u>	93	69
	<u>Active[1]</u>	871	1031

Advanced Practice Pharmacist (APH)	Out of State	*	25
	Out of Country	*	1
	Delinquent/Expired	18	33
	Retired Status if applicable	0	0
	Inactive	0	0
	<u>Other[2]</u>	1	2
Pharmacy Technician (TCH)	<u>Active[1]</u>	66575	66252
	Out of State	*	1418
	Out of Country	*	19
	Delinquent/Expired	1252	999
	Retired Status if applicable	N/A	N/A
	Inactive	4	0
	<u>Other[2]</u>	155	162
Automated Drug Delivery System (ADD)	<u>Active[1]</u>	850	977
	Delinquent/Expired	0	27
	<u>Other[2]</u>	0	0
Automated Drug Delivery System EMS (ADE)	<u>Active[1]</u>	1	1
	Delinquent/Expired	0	0
	<u>Other[2]</u>	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	<u>Active[1]</u>	0	0
	Delinquent/Expired	0	0
	<u>Other[2]</u>	0	0
Centralized Hospital Packaging (CHP/CHE)	<u>Active[1]</u>	10	11
	Delinquent/Expired	0	0
	<u>Other[2]</u>	0	0
Clinic (CLN/CLE)	<u>Active[1]</u>	2109	2136
	Delinquent/Expired	127	162
	<u>Other[2]</u>	0	0
License Type		FY 2020/21	FY 2021/22
Exempt Hospital (DRM/DRE)	<u>Active[1]</u>	30	30
	Delinquent/Expired	2	1
	<u>Other[2]</u>	0	0
Hospital (HSP/HPE)	<u>Active[1]</u>	471	483
	Delinquent/Expired	1	1
	<u>Other[2]</u>	0	0
Hypodermic Needle and Syringe (HYP/HYE)	<u>Active[1]</u>	237	233
	Delinquent/Expired	65	65
	<u>Other[2]</u>	0	0
Licensed Correctional Facility (LCF)	<u>Active[1]</u>	61	58
	Delinquent/Expired	0	1
	<u>Other[2]</u>	0	0
Outsourcing Facility (OSF)	<u>Active[1]</u>	4	4
	Delinquent/Expired	0	0

	<u>Other[2]</u>	0	0
Outsourcing Facility-Nonresident (NSF)	<u>Active[1]</u>	25	19
	Out of State	25	19
	Delinquent/Expired	0	2
	<u>Other[2]</u>	0	0
Pharmacy (PHY/PHE)	<u>Active[1]</u>	6462	6385
	Delinquent/Expired	51	52
	<u>Other[2]</u>	0	0
Pharmacy-Nonresident (NRP)	<u>Active[1]</u>	556	569
	Out of State	556	569
	Delinquent/Expired	49	63
	<u>Other[2]</u>	0	0
Remote Dispensing Pharmacy (PHR)	<u>Active[1]</u>	2	0
	Delinquent/Expired	0	0
	<u>Other[2]</u>	0	0
Sterile Compounding Pharmacy (LSC/LSE)	<u>Active[1]</u>	840	834
	Delinquent/Expired	11	5
	<u>Other[2]</u>	0	0
Sterile Compounding Pharmacy- Nonresident (NSC)	<u>Active[1]</u>	60	55
	Out of State	60	55
	Delinquent/Expired	3	4
	<u>Other[2]</u>	0	0
License Type	-	FY 2020/21	FY 2021/22
Satellite Sterile Compounding Pharmacy (SCP/SCE)	<u>Active[1]</u>	6	6
	Delinquent/Expired	0	0
	<u>Other[2]</u>	0	0
Surplus Medication Distribution Intermediary (SME)	<u>Active[1]</u>	1	1
	Delinquent/Expired	0	0
	<u>Other[2]</u>	0	0
Third-Party Logistics Provider (TPL)	<u>Active[1]</u>	30	34
	Delinquent/Expired	5	5
	<u>Other[2]</u>	0	0
Third-Party Logistics Provider- Nonresident (NPL)	<u>Active[1]</u>	101	116
	Out of State	101	116
	Delinquent/Expired	0	1
	<u>Other[2]</u>	0	0
Veterinary Food-Animal Drug Retailer (VET)	<u>Active[1]</u>	19	18
	Delinquent/Expired	1	3
	<u>Other[2]</u>	0	0
Wholesaler (WLS/WLE)	<u>Active[1]</u>	514	493
	Delinquent/Expired	42	62
	<u>Other[2]</u>	4	4
	<u>Active[1]</u>	752	769

Wholesaler-Nonresident (OSD)	Out of State	752	769
	Delinquent/Expired	77	92
	Other[2]	1	1
* FY 20/21 separated data not available as the report used was the CAS generated Primary Status Report			
Note: 'Out of State' and 'Out of Country' are two mutually exclusive categories. A licensee should not be counted in both.			

Table 7a. Licensing Data by Type											
FY 20/21	License Type	Application Type	Received	Approved/Issued	Closed (Withdrawn)	Pending Applications	Cycle Times				
							Total (Close of FY)	# Complete - within Board control*	# Incomplete-outside Board control*	Complete Apps	Incomplete Apps
FY 2020/21	Designated Representative Wholesaler (EXC)	Licence	436	312	241	253	83	229	59	166	N/A
		Renewal	2,346	2,363	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Designated Representative Veterinary Food-Animal Drug Retailer (EXV)	Licence	5	2	1	7	0	2	N/A	373	N/A
		Renewal	50	51	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Designated Representative Third-Party Logistics Provider (DRL)	Licence	108	91	70	49	25	66	61	170	N/A
		Renewal	274	277	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Designated Representative	Licence	3	3	2	0	0	3	N/A	204	N/A

	ive Reverse Distributor (DRR)	Renewal	1	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Designated Paramedic (DPM)	License	0	0	0	0	0	0	N/A	N/A	N/A
		Renewal	1	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Intern Pharmacist (INT)	License	1,652	1,611	10	127	1,275	336	22	68	N/A
		Renewal	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Pharmacist (RPH)	Examination	3,993	3,495	675	1,516	1,723	416	17	64	N/A
		License	1,954	1,964	0	0	1,892	72	2	27	N/A
		Renewal	20,404	20,413	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Advanced Practice Pharmacist (APH)	License	167	87	13	138	17	70	41	251	N/A
		Renewal	416	410	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Pharmacy Technician (TCH)	License	4,796	4,004	17	1,808	2,746	1,258	55	115	N/A
		Renewal	29,651	29,073	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Automated Drug Delivery System (ADD)	License	233	150	21	199	0	150	N/A	81	N/A
		Renewal	790	790	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Automated Drug Delivery System EMS (ADE)	License	0	0	0	0	0	0	N/A	N/A	N/A
		Renewal	1	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Automated Patient Dispensing System 340B Clinic (ADC)	License	0	0	0	0	0	0	N/A	N/A	N/A
		Renewal	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Centralized Hospital Packaging (CHP/CHE)	License	1	1	1	4	0	1	N/A	755	N/A
		Renewal	8	10	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Clinic (CLN/CLE)	License	157	115	22	132	17	98	35	166	N/A
	Renewal	1,103	960	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Exempt Hospital (DRM/DRE)	License	4	3	0	4	1	2	2	552	N/A
	Renewal	19	27	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital (HSP/HPE)	License	24	29	1	13	7	22	54	120	N/A
	Renewal	433	433	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hypodermic Needle and Syringe (HYP/HYE)	License	13	3	0	12	0	3	N/A	146	N/A
	Renewal	220	221	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Licensed Correctional Facility (LCF)	License	0	0	0	0	0	0	N/A	N/A	N/A
	Renewal	61	61	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Outsourcing Facility (OSF)	License	0	1	0	0	0	1	N/A	84	N/A
	Renewal	4	3	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Outsourcing Facility-Nonresident (NSF)	License	7	4	0	9	0	4	N/A	549	N/A
	Renewal	20	19	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pharmacy (PHY/PHE)	License	388	281	26	223	117	164	35	129	N/A
	Renewal	6,049	6,197	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pharmacy-Nonresident (NRP)	License	137	87	5	164	20	67	20	201	N/A
	Renewal	48	491	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Remote Dispensing Pharmacy (PHR)	License	3	2	0	4	0	2	N/A	78	N/A
	Renewal	1	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sterile Compounding Pharmacy (LSC/LSE)	License	87	83	8	86	17	66	103	242	N/A
	Renewal	727	797	N/A	N/A	N/A	N/A	N/A	N/A	N/A

	Sterile Compounding Pharmacy-Nonresident (NSC)	License	15	5	2	14	0	5	N/A	95	N/A
		Renewal	55	55	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Satellite Sterile Compounding Pharmacy (SCP/SCE)	License	2	2	1	4	0	1	N/A	294	N/A
		Renewal	5	5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Surplus Medication Distribution Intermediary (SME)	License	0	0	0	0	0	0	N/A	N/A	N/A
		Renewal	1	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Third-Party Logistics Provider (TPL)	License	11	6	1	4	3	3	54	67	N/A
		Renewal	25	23	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Third-Party Logistics Provider-Nonresident (NPL)	License	36	21	5	57	5	16	36	153	N/A
		Renewal	79	76	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Veterinary Food-Animal Drug Retailer (VET)	License	0	0	1	0	0	0	N/A	N/A	N/A
		Renewal	17	16	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Wholesaler (WLS/WLE)	License	65	47	6	46	16	31	8	159	N/A
		Renewal	416	428	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Wholesaler-Nonresident (OSD)	License	109	70	7	119	11	59	9	162	N/A
		Renewal	660	673	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	License Type	Application Type	Received	Approved/Issued	Closed (Withdrawn)	Pending Applications	Cycle Times				

						Total (Close of FY)	Complete - withi n Boar d contr ol*	Incom plete- outsid e Boar d contro l*	Com plete Apps	Incom plete Apps	comb ined, IF unabl e to separ ate out
FY 202 1/22	Designated Representat ive Wholesaler (EXC)	Licens e	379	325	4	291	74	251	49	160	N/A
		Renew al	2,39 0	2,469	N/A	N/A	N/A	N/A	4	N/A	N/A
	Designated Representat ive Veterinary Food- Animal Drug Retailer (EXV)	Licens e	3	1	0	9	0	1	N/A	105	N/A
		Renew al	50	53	N/A	N/A	N/A	N/A	3	N/A	N/A
	Designated Representat ive Third- Party Logistics Provider (DRL)	Licens e	116	62	0	101	10	52	45	136	N/A
		Renew al	325	347	N/A	N/A	N/A	N/A	3	N/A	N/A
	Designated Representat ive Reverse Distributor (DRR)	Licens e	8	3	0	5	0	3	N/A	88	N/A
		Renew al	4	4	N/A	N/A	N/A	N/A	3	N/A	N/A
	Designated Paramedic (DPM)	Licens e	1	1	0	0	0	1	N/A	98	N/A
		Renew al	1	2	N/A	N/A	N/A	N/A	6	N/A	N/A
	Intern Pharmacist (INT)	Licens e	1,53 4	1,481	2	162	1,260	221	19	58	N/A
		Renew al	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Pharmacist (RPH)	Exami nation	3,99 5	3,563	449	1,645	1,645	325	25	73	N/A
		Licens e	1,70 1	1,692	0	0	1,650	42	2	54	N/A

	Renewal	22,677	22,563	N/A	N/A	N/A	N/A	11	8	N/A
Advanced Practice Pharmacist (APH)	License	140	178	0	98	24	154	48	248	N/A
	Renewal	446	452	N/A	N/A	N/A	N/A	4	46	N/A
Pharmacy Technician (TCH)	License	5,478	5,790	493	962	3,578	2,212	34	116	N/A
	Renewal	28,474	28,269	N/A	N/A	N/A	N/A	14	N/A	N/A
Automated Drug Delivery System (ADD)	License	204	183	44	165	0	193	N/A	121	N/A
	Renewal	825	983	N/A	N/A	N/A	N/A	5	3	N/A
Automated Drug Delivery System EMS (ADE)	License	0	0	0	0	0	0	N/A	N/A	N/A
	Renewal	1	1	N/A	N/A	N/A	N/A	3	N/A	N/A
Automated Patient Dispensing System 340B Clinic (ADC)	License	2	0	0	0	0	0	N/A	N/A	N/A
	Renewal	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Centralized Hospital Packaging (CHP/CHE)	License	1	1	1	3	0	1	N/A	1,118	N/A
	Renewal	10	11	N/A	N/A	N/A	N/A	N/A	25	N/A
Clinic (CLN/CLE)	License	154	132	9	142	26	106	31	200	N/A
	Renewal	2,007	2,056	N/A	N/A	N/A	N/A	6	N/A	N/A
Exempt Hospital (DRM/DRE)	License	2	4	0	2	0	4	N/A	206	N/A
	Renewal	29	30	N/A	N/A	N/A	N/A	10	N/A	N/A
Hospital (HSP/HPE)	License	29	31	0	10	6	25	22	187	N/A
	Renewal	445	465	N/A	N/A	N/A	N/A	7	N/A	N/A
Hypodermic Needle and Syringe (HYP/HYE)	License	10	3	0	14	0	3	N/A	252	N/A
	Renewal	220	229	N/A	N/A	N/A	N/A	7	N/A	N/A

Licensed Correctional Facility (LCF)	License	1	0	0	1	0	0	N/A	N/A	N/A
	Renewal	58	58	N/A	0	N/A	N/A	4	N/A	N/A
Outsourcing Facility (OSF)	License	0	0	0	0	0	0	N/A	N/A	N/A
	Renewal	4	5	N/A	N/A	N/A	N/A	N/A	53	N/A
Outsourcing Facility-Nonresident (NSF)	License	3	1	1	9	0	1	N/A	315	N/A
	Renewal	19	19	N/A	N/A	N/A	N/A	N/A	48	N/A
Pharmacy (PHY/PHE)	License	391	386	15	193	51	335	45	160	N/A
	Renewal	6,302	6,446	N/A	N/A	N/A	N/A	5	9	N/A
Pharmacy-Nonresident (NRP)	License	143	116	9	179	21	95	54	246	N/A
	Renewal	494	495	N/A	N/A	N/A	N/A	4	12	N/A
Remote Dispensing Pharmacy (PHR)	License	1	1	0	4	0	1	N/A	254	N/A
	Renewal	1	1	N/A	N/A	N/A	N/A	44	N/A	N/A
Sterile Compounding Pharmacy (LSC/LSE)	License	67	68	5	79	0	68	N/A	312	N/A
	Renewal	784	797	N/A	N/A	N/A	N/A	N/A	28	N/A
Sterile Compounding Pharmacy-Nonresident (NSC)	License	13	4	3	21	0	4	N/A	153	N/A
	Renewal	53	53	N/A	N/A	N/A	N/A	N/A	42	N/A
Satellite Sterile Compounding Pharmacy (SCP/SCE)	License	0	0	0	3	0	0	N/A	N/A	N/A
	Renewal	5	6	N/A	N/A	N/A	N/A	N/A	23	N/A
Surplus Medication Distribution Intermediar	License	0	0	0	0	0	0	N/A	N/A	N/A
	Renewal	1	1	N/A	N/A	N/A	N/A	1	N/A	N/A

	y (SME)										
	Third-Party Logistics Provider (TPL)	Licens e	5	4	0	5	0	4	N/A	153	N/A
		Renew al	32	34	N/A	N/A	N/A	N/A	7	N/A	N/A
	Third-Party Logistics Provider- Nonresident (NPL)	Licens e	34	18	7	62	3	15	20	207	N/A
		Renew al	95	96	N/A	N/A	N/A	N/A	8	10	N/A
	Veterinary Food- Animal Drug Retailer (VET)	Licens e	1	1	0	0	0	1	N/A	259	N/A
		Renew al	16	18	N/A	N/A	N/A	N/A	6	N/A	N/A
	Wholesaler(WLS/WLE)	Licens e	45	39	1	48	3	36	19	158	N/A
		Renew al	449	466	N/A	N/A	N/A	N/A	8	N/A	N/A
	Wholesaler- Nonresident (OSD)	Licens e	97	87	10	121	9	78	30	228	N/A
		Renew al	678	716	N/A	N/A	N/A	N/A	8	32	N/A
* Optional. List if tracked by the board.											

Table 7b. License Denial				
	FY 20/21	FY 21/22	FY 22/23	FY 23/24
License Applications Denied (no hearing requested)	13	8		
SOIs Filed	13	25		
Average Days to File SOI (from request for hearing to SOI filed)	135	137		
SOIs Declined	0	0		
SOIs Withdrawn	11	10		
SOIs Dismissed (license granted)	0	0		
License Issued with Probation / Probationary License Issued	8	3		
Average Days to Complete (from SOI filing to outcome)	329	255		

Verification of Information from Applicants

Application Information

The board uses multiple processes to secure information about applicants to confirm their eligibility for licensure. The board fingerprints all applicants. The board has fingerprinted pharmacists since the 1940s and checks all applicants' fingerprints with the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI).

The board also conducts a criminal background check on the top five owners and designated managers for site license applications. In addition, these individuals are required to report under oath any arrest or conviction and any previous or close association to anyone disciplined by any regulatory agency.

Applicants who self-report a criminal conviction or prior discipline by a regulatory agency are requested to submit documentation describing the action and resolution. If the applicant does not submit documentation, the board investigates and reviews the information before deciding the license application. As of July 1, 2020, the board removed the criminal history question from licensing applications pursuant to AB 2138. The board has not denied applications based on failure to disclose criminal history

In addition, the Board maintains secure access to the National Association Boards of Pharmacy to review pharmacist graduate transcripts to verify educational licensure requirements are met and license status in other jurisdictions. Staff also verify through the NABP foreign educated applicant's education. The Board also requires reports from the National Practitioner Data Bank to assess for disciplinary actions from other regulatory agencies.

Staff conduct online license verifications for licensees who hold or held a license in another state or with the California Department of Public Health and verifies Statement of Information filed with the California Secretary of State for site applications. Staff uses the Department of Consumer Affairs licensure system to confirm licensure for individuals licensed by other regulatory boards.

Staff verify certifications from various organizations depending on the application and requirements and reviews supporting documents received as part of the application process to confirm accuracy. Staff also utilizes Lexus Nexus to verify ownership information, when necessary.

Out-of-State/Out-of-Country Applications

The board requires out-of-state pharmacist applicants to meet the same examination and licensure requirements as California graduates. Pursuant to Business and Professions Code sections 4200 and 4208, foreign-educated pharmacists are required to be certified by the Foreign Pharmacy Graduate Examination Committee (FPGEC) before being issued an intern pharmacist license or becoming eligible to take the pharmacist licensure exam.

Out-of-state businesses must also meet all of the same licensure requirements as California businesses. In addition to application materials, the board requires state license verification as well as a copy of the most recent inspection report conducted by a regulatory or licensing agency of the state where the business is

located for many nonresident license programs. This information assists the board's background check before issuing a California license to an out-of-state business. Recently, the Board pursued a statutory change to waive the home state licensure requirement for a nonresident third-party logistics provider if the board inspects the location and finds it to be in compliance with this article and any regulations adopted by the board or the applicant provides evidence of its accreditation by the Drug Distributor Accreditation program of the National Association of Boards of Pharmacy. The nonresident third-party logistics provider shall reimburse the board for all actual and necessary costs incurred by the board in conducting an inspection of the location, pursuant to subdivision (v) of Section 4400.

Military Education and Training

With the exception of the intern pharmacist license (which does not have an experience component as a pathway to licensure), the board accepts military training and experience for purposes of licensure. Further, the pharmacy technician requirements for licensure specifically establish training earned in the military as one pathway to licensure.

Because of limitations its legacy computer system, the board identifies and tracks applicants who are veterans in a separate manner. During the reporting period, the board received 399 applications from veterans.

Over the past two fiscal years the board has waived renewal fees and continuing education requirements for 1 individual pursuant to BPC section 114.3 during the reporting period. This has not caused an impact on revenues.

During this same period the board has expedited the processing of 61 applications pursuant to BPC section 115.5 during the reporting period. The board also expedited 35 applications for individuals serving in the military, pursuant to BPC 114.5. The Board has expedited 172 applications for veterans.

In addition, the Board has expedited 40 applications for refugee for the following:

- Refugee pursuant to section 1157 of title 8 of the United States Code
- Refugee granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to section 1158 of title 8 of the United States Code; or,
- Refugee with a special immigrant visa that has been granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8.

No Longer Interested Notifications

The board has established an automated process to send “No Longer Interested” notifications to DOJ monthly. The board is working with Department of Consumer Affairs (DCA) Office of Information Services to streamline this automation process for each license type to send information to clear any backlog of older records.

	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
NLI Notifications	2,282	1,307		

Examinations

Examinations Required for Licensure

Applicants for licensure as a pharmacist must take and pass both the North American Pharmacist Licensure Examination (NAPLEX) and the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE). The National Association of Boards of Pharmacy (NABP) develops the NAPLEX, which is used for licensure by all states. By statute, the CPJE is developed by the board to assess California-specific law applications, patient consultation skills and other areas of California pharmacy practice not tested by the NAPLEX. Both exams are offered in English only.

Pass Rates for First Time vs. Retakes

Twice a year the board publishes passing rate information for both the CPJE as well as the NAPLEX for California applicants who have taken both exams. Table 8 Examination Data is a comprehensive report detailing exam performance for the past four fiscal years.

Computer-Based Testing

Both the NAPLEX and CPJE are administered via computer-based testing on a continuous basis at locations nationwide. The board uses a vendor secured as part of a department-wide contract to administer the CPJE, PSI Services Inc. The NAPLEX is administered through a contractor secured by the NABP, Pearson Vue.

Table 8. Examination Data			
	License Type	RPH	
	Exam Title	CPJE	NAPLEX
FY 2020/21	Total Number of Candidates	3295	1706
	Overall Pass %	55.7%	79.5%

	Overall Fail %	44.3%	20.5%
	Number of Candidates First Attempt	2118	N/A
	First Attempt Pass %	58.3%	N/A
	First Attempt Fail %	41.7%	N/A
	Number of Candidates Repeat Attempt	1177	N/A
	Repeat Pass %	51.1%	N/A
	Repeat Fail %	48.9%	N/A

FY 2021/22	License Type	RPH		
	Exam Title	CPJE	NAPLEX	
		Total Number of Candidates	3267	1017
		Overall Pass %	51.2%	60.1%
		Overall Fail %	48.8%	39.9%
		Number of Candidates First Attempt	1956	N/A
		First Attempt Pass %	53.0%	N/A
		First Attempt Fail %	47.0%	N/A
		Number of Candidates Repeat Attempt	1311	N/A
		Repeat Pass %	48.5%	N/A
		Repeat Fail %	51.5%	N/A

Occupational Analysis

License Type	RPH	
Exam Title	CPJE	NAPLEX
Date of Last OA	2021	2021
Name of OA Developer	PSI	NABP
Target OA Date	2022	

Examinations

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Based on the changes to Business and Professions Code section 4200, NAPLEX and CPJE results are evaluated each time an application is processed as well as at the time of licensure which may result in an applicant having to retake the CPJE and/or NAPLEX examination.

Statutes that Hinder Processing of Applications/Examinations

Processing times are hindered by the Board's reliance on paper versus challenges with statutory requirements. When barriers to licensure are identified, the Board pursues statutory changes to resolve the issues. Recent examples include Board-sponsored legislation to streamline application requirement for advanced practice pharmacists and establishment of alternative pathways to licensure for nonresident third-party logistics providers.

School Approvals

The board does not approve schools of pharmacy. Instead, Pharmacy Law defines "recognized school of pharmacy" as a school of pharmacy accredited or granted candidate status by the Accreditation Council for Pharmacy Education (ACPE). The ACPE is the sole accrediting body for pharmacist education in the United States. The board does not have an official role with the ACPE; however, a board member attends and observes accrediting and reaccrediting visits at California schools of pharmacy.

Additionally, the board receives updates from ACPE on changes in school accreditation status.

The ACPE does not grant full accreditation status until a school graduates its first class of pharmacists, which generally takes four years. The board has used its statutory authority to recognize schools of

pharmacy for the limited purpose of issuing intern pharmacist licenses to applicants from schools on track to receive full accreditation by ACPE. The board could remove its recognition of a school of pharmacy if necessary; however, this has never occurred.

There are currently 13 fully accredited schools of pharmacy in California:

- American University of Health Sciences School of Pharmacy, Signal Hill, CA
- California Northstate University College of Pharmacy, Elk Grove, CA
- Chapman University School of Pharmacy, Irvine, CA
- Keck Graduate Institute (KGI) School of Pharmacy and Health Sciences, Claremont, CA
- Loma Linda University School of Pharmacy, Loma Linda, CA
- Touro University – California College of Pharmacy, Vallejo, CA
- University of California, San Diego Skaggs School of Pharmaceutical Sciences, La Jolla, CA
- University of California, San Francisco School of Pharmacy, San Francisco, CA
- University of Southern California School of Pharmacy, Los Angeles, CA
- University of the Pacific Thomas J. Long School of Pharmacy and Health Sciences, Stockton, CA
- West Coast University School of Pharmacy, Los Angeles, CA
- Western University of Health Sciences College of Pharmacy, Pomona, CA
- Marshall B. Ketchum University College of Pharmacy, Fullerton, CA

There is one school of pharmacy currently with candidate status:

- University of California, Irvine School of Pharmacy, Irvine, CA

In addition, California Health Sciences University College of Pharmacy, Clovis, CA was denied accreditation. Students from this school are completing their education through the university's teach-out program.

The board has no legal requirements regarding approval of international schools.

Continuing Education/Competency Requirements

Pharmacists and advanced practice pharmacists are required to earn continuing education as a condition of renewal. Pharmacists are required to earn 30 units of CE every two years, and advanced practice pharmacists are required to earn an additional 10 units every two years. Pharmacists and advanced practice pharmacists are exempt from continuing education during their first renewal cycle. Further, effective January 1, 2024, pharmacy technicians will also be required to earn continuing education.

CE Verification

As a condition of renewal, pharmacists and advanced practice pharmacists self-certify completion of continuing education. Although not required, many pharmacists use the CPE monitor offered by the National Association of Boards of Pharmacy to record and maintain their CE information in a central location.

The board does not currently use the DCA cloud for this purpose. However, the board may use the cloud as part of its larger Business Modernization implementation efforts.

CE Audits

Auditing for Compliance

The board randomly audits renewal applications to ensure licensees fulfill CE requirements. Pharmacists are required to retain CE completion certificates for four years. Pharmacists selected for audit are notified in writing and must submit copies of CE completion certificates to the board. The board reviews all of the certificates provided to confirm compliance with legal requirements.

Where an audit reveals a deficiency, the board typically instructs the licensee to obtain the required CE units may issue a citation and fine for misrepresenting completion of CE on the renewal form. For pharmacists who do not comply, their licenses are converted from active to inactive status as authorized in statute. To reactivate a license, a pharmacist must pay the renewal fee and submit satisfactory proof of completing 30 hours of CE. Similar provisions were recently established for advanced practice pharmacists.

	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Audits Performed	31	192		
Passed	25	178		
Failed	6	14		
CE Failure percentage*	20%	7%		

*Audits performed in FY 2020/21 and FY 2021/22 focused on number of hours earned. Future audits will focus on both the number of hours as well as content areas where applicable.

Accreditation Agencies

Board regulations designate two primary accreditation agencies for continuing education providers and courses: the Accreditation Council for Pharmacy Education and the California Pharmacists Association (formerly known as the Pharmacy Foundation of California). The board does not approve course providers; however, by law the board does accept CE approved by other healing arts boards if it meets standards of relevance to pharmacy practice.

Board Policy

Prior to the transition to meetings conducted virtually, the Board awarded continuing education credit to licensees who attend a full day board meeting or committee meeting. In addition, the regulation provides that an individual may receive continuing education credit for successfully passing the examination administered by the Commission for Certification in Geriatric Pharmacy. The Board also accepts coursework which meets the standard of relevance to pharmacy practice and has been approved for continuing education by the Medical Board of California, California Board of Podiatric Medicine, the Dental

Board of California, and the California Board of Registered Nursing shall, upon satisfactory completion, be considered approved continuing education for pharmacists.

Further, as required by regulation at least two hours of continuing education required by pharmacists must be completed by participation in a CE course in law and ethics provided by the board. Webinars that provide these courses have been created and posted on the board’s website. Although not mandatory, the board also provides a naloxone training webinar to fulfill the requirements of Section 1746.3 relating to pharmacists furnishing of naloxone as training for furnishing HIV Preexposure and Postexposure Prophylaxis to fulfill requirements id Section 1747.

The board also formally approves continuing education credit for other training it provides. Licensees who participate receive certificates documenting completion of the course.

Pharmacists may also petition the board for the approval of CE courses offered by non-recognized providers, so long as the course meets content standards specified in law. The board approved one such petition during the reporting period.

The board does not audit CE providers.

Table 8a. Continuing Education				
Type	Frequency of Renewal	Number of CE Hours Required Each Cycle	Percentage of Licensees Audited FY 2020/21	Percentage of Licensees Audited FY 2021/22
Pharmacist	2 years	30	0.0006%	0.004%
Advanced Practice Pharmacist	2 years	40	0	0

Performance Measures: Intake Cycle Time

Intake cycle time reflects the average number of days from receipt of complaint to the date the matter was assigned for investigation or closed without investigation. The board currently is not meeting its performance measure. Changes in the assignment process have been implemented.

Performance Measure 2 – Intake Cycle Time

Fiscal Year	Complaints Received	Performance Measure	Average Assignment
FY 2020/21	3095	10	12
FY 2021/22	2576	10	12
FY 2022/23			
FY 2023/24			

Performance Measures: Investigation Cycle Time

Investigation cycle time reflects the average number of days from the time the matter was received until the case was closed for those investigations not referred to the Attorney General for disciplinary action. The board currently is not meeting its performance standard.

Performance Measure 3 – Investigation Cycle Time

Fiscal Year	Investigations Closed	Performance Measure	Average Closure
FY 2020/21	2404	210	267
FY 2021/22	1971	210	270
FY 2022/23		210	
FY 2023/24		210	

In addition to the performance measures reported by DCA, the board internally seeks to complete desk investigations within 90 days and field investigations within 120 days. Additional information about the board’s investigation performance is provide in the table below.

Investigation Closed within Performance Standards – Percentage of Cases Completed within Performance Standard

	Performance Standard	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Desk Investigations	90 days	41%	54%		
Field Investigation	120 days	24%	30%		
Total Investigation Time Including Supervisor’s Review	180 days	42%	58%		

As indicated in the table above, the board is not meeting its aggressive performance measures for investigation time frames. The complexity of field investigations varies, depending on the nature and scope of the investigation, which makes completion times challenging. Additionally, the board is focused on completing its oldest cases, which can delay more recently opened investigations. As older investigations are concluded, the board expects an increase in the percentage of field investigations closed within performance standards. The board expects a similar improvement in the percentage of total investigation time closed as cases continue through the review process to ultimate completion.

Enforcement Trends: Investigations

There are several triggering events for the board to initiate an investigation, including external and internal sources. The Board has experienced 38% increase in complaint investigations and a 36% increase in the number of citations issued. Further, and provisions of pharmacy law change, the Board at times experiences increases in types of investigations. As an example, with the passage of SB 1442 and subsequent regulations defining the provisions for community pharmacy staffing, the Board has experienced an increase in complaints alleging violations of those provisions. The Board has also received a number of complaint allegations relating to recently enacted provisions prohibiting workload quotas.

Table 9a. Enforcement Statistics			
	FY 2020/21	FY 2021/22	FY 2022/23
COMPLAINTS			
Intake			
Received	2,034	2,810	
Closed without Referral for Investigation	593	770	
Referred to INV	1,457	1,989	
Pending (close of FY)	41	26	
Conviction / Arrest			
CONV Received	499	578	
CONV Closed Without Referral for Investigation	17	24	

CONV Referred to INV	497	524	
CONV Pending (close of FY)	0	10	
Source of Complaint¹			
Public	1,093	1,599	
Licensee/Professional Groups	279	316	
Governmental Agencies	394	475	
Internal	683	886	
Other	0	1	
Anonymous	84	111	
Average Time to Refer for Investigation (from receipt of complaint / conviction to referral for investigation)	11.26	10.65	
Average Time to Closure (from receipt of complaint / conviction to closure at intake)	15.83	15.19	
Average Time at Intake (from receipt of complaint / conviction to closure or referral for investigation)	12.35	11.81	
INVESTIGATION			
Desk Investigations			
Opened	641	781	
Closed	534	771	
Average days to close (from assignment to investigation closure)	149.81	158.69	
Pending (close of FY)	406	323	
Non-Sworn Investigation			
Opened	1,311	1,732	
Closed	1,417	1,605	
Average days to close (from assignment to investigation closure)	369.02	238.07	
Pending (close of FY)	1,252	1,333	
Sworn Investigation			
Opened	2	0	
Closed	1	0	
Average days to close (from assignment to investigation closure)	166	N/A	
Pending (close of FY)	1	1	
All investigations²			
Opened	1,954	2,513	
Closed	1,952	2,376	

¹ Source of complaint refers to complaints and convictions received. The summation of intake and convictions should match the total of source of complaint.

² The summation of desk, non-sworn, and sworn investigations should match the total of all investigations.

Average days for all investigation outcomes (from start investigation to referral for prosecution or case closure without referral for prosecution)	322.53	212.43	
Average days for investigation cases not referred for prosecution (from start investigation to case closure without referral for prosecution)	324.68	209.20	
Average days for investigation when referring for prosecution (from start investigation to referral for prosecution)	298.27	248.97	
Average days from receipt of complaint to referral for prosecution or case closure without referral for prosecution	355.92	234.85	
Pending (close of FY)	1,619	1,693	
CITATION AND FINE			
Citations Issued	931	1,274	
Average Days to Complete (from complaint receipt / inspection conducted to citation issued)	435	340	
Amount of Fines Assessed	\$786,100.00	\$2,026,575.00	
Amount of Fines Reduced, Withdrawn, Dismissed	\$225,050.00	\$151,675.00	
Amount Collected	\$706,730.00	\$1,095,610.52	
CRIMINAL ACTION			
Referred for Criminal Prosecution	N/A	N/A	
ACCUSATION			
Accusations Filed	169	139	
Accusations Declined	0	0	
Accusations Withdrawn	1	8	
Accusations Dismissed	2	0	
Average Days from Referral to Accusations Filed (from AG referral to Accusation filed)	201.83	206.91	
INTERIM ACTION			
ISO & TRO Issued	12	2	
PC 23 Orders Issued	3	0	
Other Suspension/Restriction Orders Issued	0	4	
Referred for Diversion	0	0	
Petition to Compel Examination Ordered	2	2	
DISCIPLINE			
AG Cases Initiated (cases referred to the AG in that year)	166	165	
AG Cases Pending Pre-Accusation (close of FY)	99	79	
AG Cases Pending Post-Accusation (close of FY)	158	147	
DISCIPLINARY OUTCOMES			
Revocation	83	57	
Surrender	82	86	
Suspension only	0	0	

Probation with Suspension	1	1	
Probation only	90	81	
Public Reprimand / Public Reapproval / Public Letter of Reprimand	80	57	
Other	1	11	
DISCIPLINARY ACTIONS			
Proposed Decision	30	30	
Default Decision	69	53	
Stipulations	191	176	
Average Days to Complete After Accusation (from Accusation filed to imposing formal discipline)	317	208	
Average Days from Closure of Investigation to Imposing Formal Discipline	604	571	
Average Days to Impose Discipline (from complaint receipt to imposing formal discipline)	859	713	
PROBATION			
Probations Completed	96	113	
Probationers Pending (close of FY)	347	317	
Probationers Tolled- (new item. Track moving forward)	--	--	
Petitions to Revoke Probation / Accusation and Petition to Revoke Probation Filed	5	9	
SUBSEQUENT DISCIPLINE³			
Probations Revoked	1	7	
Probationers License Surrendered	3	2	
Additional Probation Only	2	0	
Suspension Only Added	0	0	
Other Conditions Added Only	0	0	
Other Probation Outcome	0	0	
SUBSTANCE ABUSING LICENSEES (Drug testers only, PRP not included)			
Probationers Subject to Drug Testing	73	56	
Drug Tests Ordered	2409	2617	
Positive Drug Tests (positive test aka "relapse"; probationers' w/prescription not counted)	4	3	
PETITIONS			
Petition for Termination or Modification Granted	7	19	
Petition for Termination or Modification Denied	0	3	
Petition for Reinstatement Granted	3	5	
Petition for Reinstatement Denied	1	2	
DIVERSION			
New Participants	9	6	

³ Do not include these numbers in the Disciplinary Outcomes section above.

Successful Completions	4	14	
Participants (close of FY)	51	37	
Terminations	10	5	
Terminations for Public Threat	1	1	
Drug Tests Ordered	2074	1750	
Positive Drug Tests	11	1	

Table 10. Enforcement Aging				
	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Closed Within:				
90 Days	383	602		
91 - 180 Days	427	622		
181 - 1 Year	604	699		
1 - 2 Years	459	362		
2 - 3 Years	74	71		
Over 3 Years	5	20		
Total Investigation Cases Closed	1,952	2,376		
Attorney General Cases				
Closed Within:				
0 - 1 Year	23	14		
1 - 2 Years	82	68		
2 - 3 Years	69	50		
3 - 4 Years	15	25		
Over 4 Years	30	22		
Total Attorney General Cases Closed	219	179		

Review of the data indicates a 16 % overall decrease in average days from complaint receipt to imposing formal discipline.

Case Prioritization

The board uses a case prioritization system tailored to meet the diversity of individual licensees and practice settings. Supervising inspectors establish priorities for field investigations. Complaints categorized as priority 1 and 2 are the most serious and pose the highest risk to public health and safety. Examples include reports of an impaired licensee on duty, prescription drug theft by a licensee, a pharmacy operating without a pharmacist on duty, large controlled substances losses, sterile compounding violations, and unauthorized furnishing of prescription drugs and/or controlled drugs. Where violations are confirmed, priority 1 and 2 complaints are generally referred to the Office of the Attorney General for formal

disciplinary action. The board pursues these cases vigorously and seeks an appropriate penalty through an administrative hearing or stipulated settlement.

Priority 3 and 4 complaints are less serious and pose a lower risk to the health and safety of the general public. Examples include failure to provide patient consultation, prescription errors not involving patient harm, working with an expired license, and general noncompliance issues. Priority 3 and 4 complaints typically result in the issuance of a citation, a citation and fine, or a letter of admonishment.

In responses to changes in statutory authority case prioritization assessment is underway to ensure the current prioritization captures the various types of cases investigated by the Board.

The board believes its priorities are generally consistent with DCA's priorities; however, note some differences.

Mandatory Reporting

State law establishes the following mandates for reports to the board:

Business and Professions Code Section 801(a) – Requires every insurer who provides liability insurance to a Board of Pharmacy licensee to report to the board any settlement or arbitration award over \$3,000 in a claim or action for damages for death or personal injury caused by the licensee's negligence, error, or omission in practice or for unauthorized professional services. A report, written and signed by all parties, must be submitted to the board within 30 days after service of the arbitration award on all parties.

Business and Professions Code Section 802 – Requires board licensees or their legal representatives to report every settlement or arbitration award over \$3,000 due to a "claim or action for damages for death or personal injury caused by negligence, error or omission in practice." The board receives notification of these settlements from the insurance company settling the claim or from a licensee's counsel.

Business and Professions Code Section 803 – Requires the clerk of a court that renders a judgment that a licensee has committed a crime; or is liable for any death or personal injury resulting in a judgment for an amount over \$30,000 caused by the licensee's negligence, error or omission in practice; or his or her rendering of unauthorized professional services, to report that judgment to the board within 10 days after the judgment is entered.

Business and Professions Code Section 4104 (c) – Requires every pharmacy report to the board within 14 days of the receipt or development of information that a licensed individual employed by or with the pharmacy has made or has received: (1) any admission by a licensed individual of chemical, mental, or physical impairment to the extent it affects his or her ability to practice pharmacy; or (2) any admission of theft, diversion, or self-use of dangerous drugs; or (3) any video or documentary evidence demonstrating chemical, mental, or physical impairment to the extent it affects his or her ability to practice pharmacy; or (4) any video or documentary evidence demonstrating theft, diversion, or self-use of dangerous drugs; or (5) any termination based on theft, diversion, or self-use of dangerous drugs.

Business and Professions Code Section 4126.9 – Requires notice to the board within 12 hours of any recall notice issued by a pharmacy for a nonsterile compounded drug product.

Business and Professions Code Section 4127.1 – Requires notice to the board within 12 hours of any recall notice issued by a pharmacy for sterile drug products it has compounded. Further, adverse effects reported or potentially attributable to a pharmacy’s sterile drug products must also be reported to the board.

Business and Professions Code Section 4129.9 – Requires notice to the board within 24 hours of a recall notice under specified conditions.

Business and Professions Code Section 4169.1 – Requires a wholesaler to notify the board of any suspicious orders of controlled substances placed by a California-licensed pharmacy or wholesaler.

Title 16, California Code of Regulations Section 1715.6 – Requires a facility owner to report to the board within 30 days of the discovery of a loss of specified amounts controlled substance. The board educates licensees about these mandatory reporting requirements through its newsletter and through public discussions. Further, some of the reporting requirements are also included in the board’s self-assessment forms.

The board is unable to track settlement amounts individually and notes that settlement amounts are sometimes confidential.

Settlements Entered with Licensees

The board does not have authority to settle cases in advance of filing of an accusation. The board’s Enforcement Committee and Board previously considered such a change, but ultimately determined it was not appropriate for the Board.

The number of cases, post-accusation, that were settled over the past four years is provided in the table below.

Post-Accusation Case Settlements

	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	Total
Settlements	132	92			
Hearing	21	15			

The board settles approximately 90 percent of its disciplinary cases.

Statute of Limitations

While the board is not bound by a statute of limitations, it recognizes consumer protection as its highest priority and therefore strives to investigate each complaint as quickly as possible. In addition, the board sets standards to monitor its performance.

Unlicensed Activity and the Underground Economy

The board aggressively investigates unlicensed activity. The table below quantifies investigations involving allegations of unlicensed activity.

Unlicensed Activity Investigations

	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	Total Indicated
Investigations	83	78			

Examples of unlicensed activity include individuals or businesses operating without a license; unlicensed out-of-state operators providing services to Californians; and consumers buying drugs online from unlicensed vendors. The Board currently has the authority to issue a fine of up to \$5,000 for unlicensed activity as well as the authority to issue a cease and desist. Regrettably, these actions do not serve as a sufficient deterrent to unlicensed activity. The Board is currently considering development of a proposal to increase the Board’s fine authority for such violations.

Citation and Fine

The board uses its authority to issue citations, citations with fines, and letters of admonition to deal with important violations that warrant correction but not license sanctions such as probation, suspension or revocation. The chart below shows the number of citations, citations and fines, and letters of admonishment that have been issued in the last four years.

Citation and Fines/Letters of Admonishment

	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Letters of Admonishment	452	266		
Citations with No Fine	401	451		
Citation with Fine	533	823		
Fines Assessed	\$787,100	\$2,029,012		
Fines Collected	\$711,729	\$1,093,911		

The board may issue citations containing orders of abatement. The abatement order may require the cited licensee to detail plans to comply with Pharmacy Law. The board has been using these orders routinely since May 2018. Compliance with orders typically results in either a reduction or forgiveness of the fine.

The board has authority to issue citations, citations with fines, and letters of admonishment for any violation of pharmacy law. The board may issue citations of up to \$5,000 for:

1. Any violation of Pharmacy Law (Business and Professions Code 4000 et seq.).
2. A violation of a regulation adopted by the board.
3. A violation of the Confidentiality of Medical Information Act (Civil Code 56 et seq.).
4. Defaulting on a United States Department of Health and Human Services education loan (capped at \$2,500).
5. A violation of other statutes or regulations for which the board may issue a citation.

For most violations, the board is limited to issuing fines of \$5,000 to each licensee investigated in a single case. This means that the board could issue fines of up to \$5,000 each to a pharmacy, pharmacist, and pharmacist-in-charge involved in the same violations of pharmacy law; however, the board rarely does so.

The board generally assesses the highest fines for the most serious violations. Pharmacy Law details the factors that must be considered when assessing fines, including:

- Gravity of the violation.
- Good or bad faith of the cited person or entity.
- History of previous violations.
- Evidence that the violation was or was not willful.
- Extent to which the cited person or entity has cooperated with the board's investigation.
- Extent to which the cited person or entity has mitigated or attempted to mitigate any damage or injury caused by the violation.
- Number of violations found in the investigation.
- Other matters as may be appropriate.

The board has statutory authority to issue higher fines for specific violations. For example, the board can issue fines of \$25,000 per prescription for internet sales of drugs where no underlying appropriate examination occurred (California Business and Professions Code section 4067). In such cases, the pharmacy is not practicing pharmacy but is a drug seller to the internet operator.

The board also has the authority to issue fines of up to \$5,000 per occurrence for specified violations. For example, California Business and Professions Code 4126.5 allows the board to issue fines of up to \$5,000 per occurrence for violations involving furnishing of dangerous drugs to an unauthorized entity.

Effective January 1, 2022, the board was given authority to bring an action for fines for repeated violations of materially similar provisions of this chapter within five years by three or more pharmacies operating under common ownership or management within a chain community pharmacy, as follows: a third and, or subsequent violation may be punished by an administrative fine not to exceed one hundred thousand dollars (\$100,000) per violation. Additionally, the board may bring an action against a chain community pharmacy operating under common ownership or management for fines not to exceed one hundred fifty thousand dollars (\$150,000) for any violation of this chapter demonstrated to be the result of a written policy or which was expressly encouraged by the common owner or manager.

Appeal Process

Licenses who are issued a citation with or without a fine or a letter of admonishment may request an informal office conference. The office conference allows the licensee the opportunity to present additional or mitigating information to the board's executive officer or designee and a supervising inspector. Upon conclusion, staff may affirm, modify, or dismiss the citation or affirm or dismiss the letter of admonishment.

In addition to an office conference, a licensee may submit a formal appeal to the board within 30 days of the issuance of a citation. Appeals are conducted pursuant to the Administrative Procedure Act by an administrative law judge who renders a decision, which is presented to the board for adoption or rejection. Letters of admonishment are not subject to the provisions of the Administrative Procedures Act.

	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Informal Office Conference	180	211		
Formal Appeal	29	34		

Five Most Common Violations for which Citations are Issued

2020/21

1. Medication error.
2. A licensed wholesaler acting as a reverse distributor.
3. Unauthorized disclosure of prescription and medical information in the pharmacy.
4. Failure to provide oral consultation to a patient whenever the prescription drug has not been previously dispensed to a patient.
5. Operational standards and security relating to maintaining facilities.

2021/22

1. Medication error.
2. Failure to report change of pharmacist-in-charge.
3. Unauthorized disclosure of prescription and medical information in the pharmacy.
4. Unprofessional conduct, requirements for pharmacies employing pharmacy technicians.
5. Operational standards and security relating to maintaining facilities.

Average Fine Pre- and Post-Appeal

FY 2020/21	Number Appealed	Pre-Appeal Average	Post-Appeal Average
General Authority	23	\$1,437	\$828
BPC 4067	0	N/A	N/A
BPC 4126.5	1	\$0	\$0
BPC 4169	0	N/A	N/A

FY 2021/22	Number Appealed	Pre-Appeal Average	Post-Appeal Average
General Authority	26	\$683	\$663
BPC 4067	0	N/A	N/A
BPC 4126.5	0	N/A	N/A
BPC 4169	0	N/A	N/A
BPC 4317.5*	2	\$225,000	

*Citations are under appeal.

Franchise Tax Board Intercepts

DCA notifies the board when the Franchise Tax Board (FTB) has intercepted California tax refunds to pay monies owed to the board. (The FTB cannot intercept corporation or partnership funds but can intercept funds from sole ownership.) Since July 1, 2020, the board opened 23 intercept accounts and closed 61 accounts. FTB referrals were suspended from April 2020 through July 2021 due to COVID.

Cost Recovery

California Business and Professions Code section 125.3 authorizes the recovery of investigation costs associated with the formal discipline of a license.

The board's policy is to seek cost recovery in all cases where authorized. Reimbursement of board costs is a standard term of probation listed in the board's *Disciplinary Guidelines*. The board seeks cost recovery in settlements as well as administrative decisions. In cases resulting in surrender or revocation of license, the board seeks costs but does not generally require payment unless the licensee seeks relicensing or reinstatement of license. Costs awarded to the board in probation cases typically are paid in installments and may not be fully collected until the end of the probation period - perhaps three to five years.

It is important to note that administrative law judges do not always award costs to the board.

The board does not have the authority to seek cost recovery in a statement of issues case (where an applicant has appealed the denial of his or her application).

The board has not used the Intercept Program to collect cost recovery. Rather, when a licensee on probation fails to submit cost recovery payments, generally the board will pursue further administrative discipline for violation of probation. Where a license is revoked, typically costs are due upon reinstatement or reapplication.

Costs Awarded

	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Revoked Licenses	\$226,115	\$104,951		
Surrendered Licenses	\$592,434	\$1,248,276		
Licenses on Probation	\$801,832	\$994,898		
Public Repeal	\$437,605	\$476,305		

How much do you believe is uncollectable? Explain.

The amount that is uncollectable is undeterminable because we are unable to predict how many licensees will petition for reinstatement or reapply for licensure.

1. Are there cases for which the board does not seek cost recovery? Why?

The board does not have the authority to seek cost recovery in a statement of issues case (where an applicant has appealed the denial of his or her application).

2. Describe the board’s use of Franchise Tax Board intercepts to collect cost recovery.

DCA notifies the board when the Franchise Tax Board (FTB) has intercepted California tax refunds to pay monies owed to the board. (The FTB cannot intercept corporation or partnership funds but can intercept funds from sole ownership.) Currently, the board has not referred any cost recovery cases to FTB, we anticipate referrals to start on January 1, 2023.

Restitution

The board has no legal authority to order restitution. Instead, the board orders community service as a way to compensate the public for violations of Pharmacy Law. As an example, the Board will include as part of a stipulated settlement a donation of either money or product to specified entities.

Table 11. Cost Recovery⁴	(list dollars in thousands)
--------------------------------------------	-----------------------------

⁴ Cost recovery may include information from prior fiscal years.

	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Total Enforcement Expenditures	\$5,362,229	\$4,372,294		
Potential Cases for Recovery *	220	202		
Cases Recovery Ordered	180	153		
Amount of Cost Recovery Ordered	2,475,038	2,845,000		
Amount Collected	1,578,428	2,283,704		

* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.

Table 12. Restitution	(list dollars in thousands)			
	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Amount Ordered	n/a	n/a	n/a	n/a
Amount Collected	n/a	n/a	n/a	n/a

Internet Use and Meeting Materials

The board uses the internet as its primary communication channel with the public. Electronic communication is the fastest way to disseminate important information on policy, regulatory, enforcement and consumer matters to patients, licensees and stakeholders.

All announcements, activities, documents and public records of importance to consumers and licensees – including meetings, rulemakings, new laws and regulations, drug recalls, licensure forms, reports and publications, and enforcement actions – are posted on the board’s website, www.pharmacy.ca.gov. In addition, notices with links to important information are emailed via six separate listservs. Board licensees are required by law to enroll in the Board’s listservs.

The board posts extensive meeting materials – including agendas, background information, action items and minutes – on a dedicated section for [board and committee meetings](#). Agendas are posted at least 10 days before meetings, and materials typically are posted five days before meetings. Within two days after meetings, the board posts a list of action items from the meeting online and also releases the information to the public via subscriber alerts.

Draft minutes are included in the meeting materials for the subsequent quarterly board meeting, and final meeting minutes are posted online after they have been reviewed and approved at a board meeting. The same timetable applies to materials for committee meetings.

Meeting materials remain on board meetings page for several years, currently from January 2015 to present. The board also maintains a complete archive of meeting agendas and minutes from 1999 through 2014 on its website.

In addition to posting comprehensive meeting materials online, the board releases a monthly news roundup via subscriber alerts in an effort to keep consumers, licensees, and stakeholders informed about important activities and events.

Livestream

In response to the COVID-19 pandemic, the Board transitions to teleconference meetings via WebEx in addition to livestream of meeting which is provided by Department of Consumer Affairs. The transition to the WebEx meeting platform has significantly increased attendance at meetings and resulted in cost savings to the Board.

Webcast recordings are posted online on DCA’s YouTube page; links to the recordings are posted on the board’s meeting page. Currently, DCA maintains webcasts online for three years.

Meeting Schedule

The board schedules two-day meetings each quarter and one-day meetings in various months. The board approves an annual calendar typically in July for meetings throughout the following calendar year, and the schedule is posted upon approval. Committees typically meet once per quarter on dates approved by the committee chairperson and immediately posted online.

Occasionally, additional board or committee meetings are scheduled respond to urgent matters. These meeting dates are posted online as soon as they are established, and alerts are emailed immediately to listserv subscribers.

Complaint Disclosure Policy and Posting of Enforcement Actions

The board's complaint disclosure policy is consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*.

In addition, the board posts accusations and disciplinary actions consistent with DCA's *Web Site Posting of Accusations and Disciplinary Actions* (May 21, 2010). An "Enforcement Actions" link in the "Quick Hits" column on the homepage leads to additional webpages that list by month each pending accusation, disciplinary action, and immediate protection order against licensees. Each case identifies licensees by name and number, enabling consumers to search online and find all the public documents available in the case.

Lesser administrative actions – including citations, fines, and letters of admonishment – are not posted online. However, the information is public and available from the board upon written request consistent with the Board's records retention schedule.

The website also includes explanatory information about public disclosure of disciplinary records, the board's public disclosure policy, and disciplinary terminology.

Public Information about Licensees

The board provides key information online to enable the public to quickly search and verify the status of a license and any disciplinary action against a licensee. A link to the license search function on the board's website is prominently listed in the "Quick Hits" column on the homepage.

Website visitors can perform a license search and find the following information about pharmacists, pharmacy technicians, pharmacist interns, and designated representatives:

- Licensee name.
- License type.
- License number.
- License status.
- License issue date.
- License expiration date.

In the interest of licensee safety, the board removed addresses of record for individual licensees. However, addresses of record are public information that remain available by contacting the board.

The same license information is provided for licensed sites, such as pharmacies, clinics, hospitals, and other locations. Site licenses also include links to the license of any individual required to be in charge of the site. (For example, pharmacies must have a designated pharmacist-in-charge.)

Each license record also discloses any formal discipline against the licensee, along with a link to public documents in the case. Information about lesser administrative actions – including citations, fines, and letters of admonishment – are not linked to licensees but is available by contacting the board.

Consumer Outreach

As a consumer protection agency, the board relies on a variety of important communication tools to reach and educate the public.

The board’s website remains the primary channel for mass communication. Recently the board created a homepage section, “Important Information for Consumers,” to highlight news, brochures and other useful information for consumers in an easy-to-find location. The board also has added a “News Archive” section to the website to maintain news releases issued by date as a resource for public information.

In addition to its website, the board has a Twitter social media account to reach individuals who receive information and communicate on mobile phones. To keep the general public informed about important activities and events, the board has a dedicated subscriber alert listserv to disseminate general news and information to consumers, news media, stakeholders and other non-licensee audiences.

The board also has stepped up its efforts to raise public awareness about prescription drug abuse and recently delivered a campaign focused on the topic during September 2022. The campaign included themes for each week, including access to care, access to naloxone, etc.

Section 7 – Online Practice Issues

Patients Buying Drugs Online

As the cost of prescription drugs continues to rise, it is not uncommon for consumers to look for cheaper medications online. In addition, unlicensed and unregulated entities often advertise cheaper drugs in unsolicited emails. Although buying prescription drugs online can be done safely, it also can be very dangerous.

Unfortunately, the board is unable to investigate many complaints involving unlicensed online activity. It is usually difficult to identify who is operating online pharmacies or where they are located, because many operate offshore and outside the board’s jurisdiction. Often the board will refer these complaints to the FDA and the NABP for investigation.

Pharmacies Filling Internet Prescriptions

Board inspectors have uncovered some California-licensed pharmacies filling prescriptions for website operators without a legitimate prescription. In many cases, entrepreneurs who are not pharmacists establish websites selling prescription drugs without a prescription or to consumers who simply complete an online questionnaire; the questionnaire then is purportedly reviewed by a prescriber in one state and shipped to a pharmacy to fill in another state without an appropriate medical examination. In these cases, consumers receive medication from an appropriately licensed pharmacy but without the medical supervision required for prescription medication.

Recently some pharmacies have developed policies to automatically reject prescriptions for certain controlled medications that are prescribed via telehealth. Such actions must be evaluated by the Board.

Offshoring of Prescription Dispensing Functions

The board has identified efforts by a growing number of pharmacies to reduce operating costs by “offshoring” portions of the prescription dispensing process. The board uses its cease-and-desist authority against these operators.

Section 8 –

Workforce Development and Job Creation

This section will be updated prior to the final submission

3. What actions has the board taken in terms of workforce development?
4. Describe any assessment the board has conducted on the impact of licensing delays.
5. Describe the board’s efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

Board staff provide annual presentations for students as California schools of pharmacy if requested. In FY. 2021/22 the following presentations were provided.

- *Pharmacy school graduates 6 presentations.*
- *Incoming intern students 2 presentations*

Further, one of the Board’s strategic objectives is to develop an educational program for interns.

6. Describe any barriers to licensure and/or employment the board believes exist.
7. Provide any workforce development data collected by the board, such as:
 - a. Workforce shortages
 - b. Successful training programs.

Section 9 –

Current Issues

This section will be prepared as part of the final report

8. What is the status of the board's implementation of the Uniform Standards for Substance Abusing Licensees? Static
9. What is the status of the board's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations? Static
10. Describe how the board is participating in development of BreEZe and any other secondary IT issues affecting the board. N/A
 - a. Is the board utilizing BreEZe? What Release was the board included in? What is the status of the board's change requests?
 - b. If the board is not utilizing BreEZe, what is the board's plan for future IT needs? What discussions has the board had with DCA about IT needs and options? What is the board's understanding of Release 3 boards? Is the board currently using a bridge or workaround system?

Section 10 – Board Actions and Responses to COVID-19.

Teleworking Policy

In March 2020, the Board's office closed to the public and staff transitioned to full time or a rotational teleworking schedule. Prior to reopening offices to the public and resumption of some core functions, including inspections, reopening plans were developed and training provided to all staff. There are several limiting factors that must be addressed long term to sustain this rotational teleworking schedule, most notably the Board's reliance on paper to conduct many of its essential licensing functions. Operationally all management staff has completed 6 hours of mandated training in the hybrid workforce and SWOT analyses were performed for each job duty statement to determine the long-term teleworking strategies for each of the office positions. This position specific approach has allowed the Board to manage ongoing teleworking for staff while continuing to balance office operations. Recently, the Department of General Services released its Statewide Telework Policy. Since that time, office staff have completed updated agreements. As the Board's continues to adapt to this new model, employees have demonstrated great flexibility.

DCA Director's Waivers

The Board provided technical input on waiver requests impacting its licensees. The DCA Director issued several waivers to expand access points for critical patient care including COVID testing, vaccination administration and access to Paxlovid. Such waivers include:

[DCA Waiver DCA-22-217](#) Waiving Restrictions of Pharmacists Independently Initiating and Furnishing Paxlovid to Individual Patients. Under the provisions of the waiver, pharmacists may independently initiate and furnish Paxlovid for individual patients subject to specified conditions. There is no expiration date included on this waiver. Board staff will monitor for implementation issues and if necessary, develop guidance to assist pharmacists in understanding the provisions of the waiver.

DCA Waiver DCA-21-142 Order Waiving Staffing Ratio of Pharmacists to Pharmacy Technicians Relating to Administering COVID-19 Vaccines. Under the provisions of this waiver, pharmacists engaged exclusively in initiating and administering COVID-19 vaccines, and pharmacy technicians engaged exclusively in administering COVID-19 vaccines under the direct supervision and control of such pharmacist, may increase the ratio to allow one pharmacist to supervise no more than two pharmacy technicians.

DCA-20-103, an order that waived provisions that prohibit pharmacy technicians from administering COVID-19 vaccines under specified conditions. Further, consistent with the mobile pharmacy licenses under the provisions of BPC 4062, a process was established for pharmacies wishing to use pharmacy technicians as part of the vaccination team outside of the license pharmacy. To date the Board has approved over 3,284 mobile pharmacies for this purpose.

DCA Waiver-20-44, an order that waives restrictions on pharmacies, pharmacists, and pharmacy technicians related to ordering, collecting specimens for, and performing COVID-19 Tests.

Board of Pharmacy Waivers

In addition to waivers issued by the DCA Director, the Board has relied heavily on its unique ability to issue waivers of pharmacy law and its regulation consistent with the provisions of Business and Professions Code section 4062. This authority has allowed the Board to respond quickly to the changing climate of the pandemic since early on, to ensure continuity of patient care and provisions for public health. The Board has issued broad waivers as well as site specific waivers. Although the majority of the waivers have expired, four remain in place including:

1. Mass Vaccination Sites
Summary: Provides for the storage and redistribution of COVID-19 vaccines in compliance with CDPH and CDC Guidance Related to Mass Vaccination Sites and allows for the use of pharmacy technicians as part of the vaccination team at such sites sponsored by state or local authorities directly or through contractual arrangements with third parties. Further, this allows for an increase in the ratio of pharmacist to pharmacy technicians under specified conditions.
Effective: April 21, 2021
Expiration: December 31, 2022, or 30 days following termination of the declared disaster, whichever is **sooner**.
2. Remote Processing
Summary: Waives limitations on the provisions of remote order entry.
Reinstated: September 3, 2021
Expires: December 31, 2021, or 30 days after the emergency declaration is lifted, whichever is **later**.
3. Staffing Ratio of Pharmacists to Intern Pharmacists and General Supervision – Immunizations (BPC section 4114)
Summary: Increases the ratio of pharmacists to intern pharmacist under specified conditions.
Amended and Reissued: October 14, 2021
Expiration: December 31, 2022, or 30 days after the emergency declaration is lifted, whichever is **sooner**.
4. Prescriber Dispensing of COVID-19 Oral Therapeutic Medication to Emergency Room Patient (Including BPC sections 4068(a)(1), 4068(a)(5), 4068(a)(6) and 4076.5)

Summary: Lifts prohibition against a prescriber dispensing FDA authorized or approved COVID-19 therapeutics to an emergency room patient under specified conditions.

Effective: January 14, 2022

Expiration: 30 days following the end of the declared disaster.

Temporary Licenses

In addition to approving waivers, the Board has worked to issue temporary licenses to address distribution of PPE, ventilators, and vaccinations, as well as temporary licenses for surge locations and other pharmacies. The Board issued 41 temporary licenses.

Changes Sought in Response to COVID

The Board evaluated waivers approved to determine if permanent changes to the law are appropriate and seeks changes. As an example, the Board updated its vaccine regulation to remove a reporting requirement unique to pharmacists that created a barrier to COVID vaccine administration.

Section 11 – Board Action and Response to Prior Sunset Issues

This section will be prepared for the final report.

Include the following:

1. Background information concerning the issue as it pertains to the board.
2. Short discussion of recommendations made by the Committees during prior sunset review.
3. What action the board took in response to the recommendation or findings made under prior sunset review.
4. Any recommendations the board has for dealing with the issue, if appropriate.

Section 12 – New Issues

This section will be prepared for the final report.

This is the opportunity for the board to inform the Committees of solutions to issues identified by the board and by the Committees. Provide a short discussion of each of the outstanding issues, and the board's recommendation for action that could be taken by the board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, legislative changes) for each of the following:

1. Issues raised under prior Sunset Review that have not been addressed.
2. New issues identified by the board in this report.
3. New issues not previously discussed in this report.
4. New issues raised by the Committees.

Section 13– Attachments

The below items will be prepared for the final report.

Please provide the following attachments:

- A. Board’s administrative manual.
- B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).
- C. Major studies, if any (cf., Section 1, Question 4).
- D. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).

Attachment 2



California State Board of Pharmacy CPJE Statistics May 2022 – September 2022

The charts below display data for all candidates who took the CPJE examination between May 2022 to September 2022, inclusive.

The Board also displays NAPLEX scores associated with any candidate who took the CPJE during this time period and was reported to the Board, regardless of when the NAPLEX may have been taken (it could have occurred outside the six-month reporting period noted above). Typically, the Board reports CPJE performance data at six-month intervals.

CPJE Overall Pass Rates

Pass/Fail	Frequency	Percent
Fail	624	36.9
Pass	1065	63.1
Total	1689	100.0

NAPLEX Overall Pass Rates

Pass/Fail	Frequency	Percent
E	25	2.2
Fail	156	13.6
Pass	966	84.2
Total	1147	100.0

CPJE Pass Rates – Location by Number

Location	Fail	Pass	Total
California	374	753	1127
Other US	215	268	483
Foreign	35	43	78
Unclassified	0	1	1
Total	624	1065	1689

CPJE Pass Rates – Location by Percent

Location	Fail	Pass
California	33.2	66.8
Other US	44.5	55.5
Foreign	44.9	55.1
Unclassified	0.0	100.0

NAPLEX Pass Rates – Location by Number

Location	E	Fail	Pass	Total
California	9	103	652	764
Other US	13	37	260	310
Foreign	3	16	53	72
Unclassified	0	0	1	1
Total	25	156	966	1147

NAPLEX Pass Rates – Location by Percent

Location	E	Fail	Pass
California	1.2	13.5	85.3
Other US	4.2	11.9	83.9
Foreign	4.2	22.2	73.6
Unclassified	0	0	100.0

CPJE Pass Rates – California School of Pharmacy by Number

CA School	Fail	Pass	Total
UCSF	38	82	120
UOP	78	102	180
USC	46	109	155
Western	25	98	123
Loma Linda	21	33	54
UCSD	16	48	64
Touro U	24	51	75
Cal Northstate	32	76	108
Keck	22	23	45
West Coast U	17	28	45
Chapman	28	48	76
CA Health Sci U	13	27	40
Marshall B Ketchum	14	28	42
Total	374	753	1127

CPJE Pass Rates – California School of Pharmacy by Percent

CA School	Fail	Pass
UCSF	31.7	68.3
UOP	43.3	56.7
USC	29.7	70.3
Western	20.3	79.7
Loma Linda	38.9	61.1
UCSD	25.0	75.0
Touro U	32.0	68.0
Cal Northstate	29.6	70.4
Keck	48.9	51.1
West Coast U	37.8	62.2
Chapman	36.8	63.2
CA Health Sci U	32.5	67.5
Marshall B Ketchum	33.3	66.7

NAPLEX Pass Rates – California School of Pharmacy by Number

CA School	E	Fail	Pass	Total
UCSF	1	2	72	75
UOP	2	18	100	120
USC	2	10	92	104
Western	0	5	91	96
Loma Linda	0	3	30	33
UCSD	1	1	40	42
Touro U	1	12	38	51
Cal Northstate	1	15	50	66
Keck	0	10	23	33
West Coast U	0	6	25	31
Chapman	1	6	43	50
CA Health Sci U	0	8	20	28
Marshall B Ketchum	0	7	28	35
Total	9	103	652	764

NAPLEX Pass Rates – California School of Pharmacy by Percent

CA School	E	Fail	Pass
UCSF	1.3	2.7	96.0
UOP	1.7	15.0	83.3
USC	1.9	9.6	88.5
Western	0.0	5.2	94.8
Loma Linda	0.0	9.1	90.9
UCSD	2.4	2.4	95.2
Touro U	2.0	23.5	74.5
Cal Northstate	1.5	22.7	75.8
Keck	0.0	30.3	69.7
West Coast U	0.0	19.4	80.6
Chapman	2.0	12.0	86.0
CA Health Sci U	0.0	28.6	71.4
Marshall B Ketchum	0.0	20.0	80.0

CPJE Pass Rates – School of Pharmacy by Number

School	Fail	Pass	Total
Samford	1	0	1
U of AZ	1	5	6
U of AR	0	1	1
UCSF	38	82	120
U of Pacific	78	102	180
USC	46	109	155
U of CO	5	10	15
U of Conn	1	3	4
FL A&M	2	0	2
U of FL	1	2	3
Mercer	2	0	2
U of GA	0	2	2
Idaho SU	2	2	4
U of IL Chi	5	7	12
Butler U	0	1	1
Purdue	3	6	9
Drake	2	0	2
U of IA	5	1	6
U of KS	2	1	3
U of KY	3	2	5
Xavier	1	2	3
U of MD	3	5	8
MA Col Pharm	14	11	25
NE-MA	3	9	12
Ferris	1	1	2
U of MI	0	4	4
Wayne SU	0	1	1
U of MN	2	4	6
U of MS	1	0	1

School	Fail	Pass	Total
St. Louis Col of PH	0	3	3
UMKC	3	0	3
U of MT	1	2	3
Creighton	3	5	8
Rutgers	2	1	3
U of NM	1	2	3
Western	25	98	123
Midwestern U Chicago	5	2	7
A&M Schwartz	4	3	7
St. Johns	2	5	7
SUNY-Buff	2	5	7
Union U	1	2	3
UNC	8	9	17
ND SU	1	0	1
OH Nrthrn U	1	6	7
OH State U	2	3	5
U of Cinn	1	1	2
U of Toledo	0	1	1
SW OK State	0	1	1
U of OK	0	3	3
OR State U	1	4	5
Duquesne	0	5	5
Phl C of Pharm	1	0	1
Temple	1	2	3
U of RI	1	3	4
U of SC	1	1	2
SD SU	0	2	2
U of TN	2	3	5
U of Hous	3	4	7
U of TX	4	4	8
U of UT	2	5	7
Med C of VA	4	4	8
U of WA	3	10	13
WA State U	7	4	11
WV U	0	1	1
U of WI-Mad	2	3	5
U of WY	0	1	1
Campbell U	1	3	4
Nova Southeastern	2	3	5
Wilkes University	1	1	2
Texas Tech	2	2	4
Bernard J Dunn	1	2	3
Midwestern AZ	6	5	11
Nevada College of Pharm	17	15	32
Loma Linda U	21	33	54
UCSD	16	48	64
MA School of Pharm - Worcester	2	5	7
Palm Beach Atlantic University	0	3	3
Lake Erie Col	7	5	12
Touro U	24	51	75
South U School of Pharm	0	1	1
Pac U of Or	7	7	14

School	Fail	Pass	Total
Wingate U	0	1	1
U of Findlay	1	1	2
U of Incarnate Word	1	1	2
Sullivan U	2	2	4
Cal Northstate	32	76	108
Unclassified	0	1	1
Other/FG	35	43	78
U of HI - Hilo	3	2	5
Texas A&M	3	1	4
Thomas Jefferson U	0	3	3
Belmont U	1	0	1
Appalachian College of Pharm	1	1	2
Lipscomb U	1	1	2
Chicago St U	2	0	2
U of New England	2	1	3
Regis University	1	1	2
East Tennessee State U	1	0	1
Notre Dame of MD	4	1	5
Rosalind Franklin U	2	1	3
Western NE U	1	0	1
U of Saint Joseph	0	1	1
Roosevelt U	1	1	2
D'Youville	2	2	4
Touro New York	2	0	2
SIUE	2	1	3
U of South Florida	1	2	3
KECK GRAD INST SCHL PHARM	22	23	45
CA Health Sci U	13	27	40
Cedarville U	0	1	1
U of the Sciences	2	1	3
UNTX Col of Pharm	2	0	2
WEST CST UNIV COL PHARM	17	28	45
CHAPMAN U SCHL PHARM	28	48	76
Marshall B Ketchum U	14	28	42
U MD Eastern Shore	1	0	1
High Point Univ	1	0	1
Total	624	1065	1689

CPJE Pass Rates – Country by Number

Country	Fail	Pass	Total
Armenia	1	0	1
Brazil	1	0	1
Bulgaria	1	0	1
Canada	1	1	2
Columbia	1	0	1
Egypt	7	10	17
United Kingdom	0	2	2
Germany	1	0	1
India	1	2	3
Iraq	2	4	6
Iran	1	2	3
Jordan	4	4	8
Lebanon	1	0	1
Nigeria/New Guinea	0	1	1
Pakistan	1	0	1
Philippines	10	12	22
Russia	1	0	1
Saudi Arabia	0	1	1
Sudan	0	1	1
Sweden	0	1	1
Syria	0	1	1
Thailand	1	0	1
Turkey	0	1	1
USA	589	1022	1611
Total	624	1065	1689

CPJE Pass Rates – CA School of Pharmacy by First-Time and Multiple-Time Test Takers

School				First	Multiple	Total
UCSF	JPE P/F	Pass	Count	64	18	82
			%	53.3%	15.0%	68.3%
		Fail	Count	29	9	38
			%	24.2%	7.5%	31.7%
UOP	JPE P/F	Pass	Count	87	15	102
			%	48.3%	8.3%	56.7%
		Fail	Count	63	15	78
			%	35.0%	8.3%	43.3%
USC	JPE P/F	Pass	Count	98	11	109
			%	63.2%	7.1%	70.3%
		Fail	Count	38	8	46
			%	24.5%	5.2%	29.7%
Western	JPE P/F	Pass	Count	89	9	98
			%	72.4%	7.3%	79.7%
		Fail	Count	18	7	25
			%	14.6%	5.7%	20.3%
Loma Linda	JPE P/F	Pass	Count	28	5	33
			%	51.9%	9.3%	61.1%
		Fail	Count	17	4	21
			%	31.5%	7.4%	38.9%
UCSD	JPE P/F	Pass	Count	42	6	48
			%	65.6%	9.4%	75.0%
		Fail	Count	13	3	16
			%	20.3%	4.7%	25.0%
Touro U	JPE P/F	Pass	Count	42	9	51
			%	56.0%	12.0%	68.0%
		Fail	Count	21	3	24
			%	28.0%	4.0%	32.0%
Cal Northstate	JPE P/F	Pass	Count	68	8	76
			%	63.0%	7.4%	70.4%
		Fail	Count	26	6	32
			%	24.1%	5.6%	29.6%
Keck	JPE P/F	Pass	Count	20	3	23
			%	44.4%	6.7%	51.1%
		Fail	Count	19	3	22
			%	42.2%	6.7%	48.9%
West Coast U	JPE P/F	Pass	Count	23	5	28
			%	51.1%	11.1%	62.2%
		Fail	Count	15	2	17
			%	33.3%	4.4%	37.8%

School				First	Multiple	Total
Chapman	JPE P/F	Pass	Count	43	5	48
			%	56.6%	6.6%	63.2%
		Fail	Count	23	5	28
			%	30.3%	6.6%	36.8%
CA Health Sci U	JPE P/F	Pass	Count	22	5	27
			%	55.0%	12.5%	67.5%
		Fail	Count	8	5	13
			%	20.0%	12.5%	32.5%
Marshall B Ketchum U	JPE P/F	Pass	Count	22	6	28
			%	52.4%	14.3%	66.7%
		Fail	Count	11	3	14
			%	26.2%	7.1%	33.3%
Total	JPE P/F	Pass	Count	648	105	753
			%	57.5%	9.3%	66.8%
		Fail	Count	301	73	374
			%	26.7%	6.5%	33.2%

Attachment 3

Attachment – Samples of Public Awareness Campaigns on Social Media

Opioid, Heroin, Fentanyl, and Prescription Drug Abuse Awareness Month (September 2022)

 California State Board of Pharmacy
@CAPharmBoard

DYK? 75 percent of new heroin users were first addicted to legally prescribed [#opioid](#) pain medication. In 2020, more than 14.8 million opioid prescriptions were written in CA. If you face substance abuse, get treatment options at [samhsa.gov](https://www.samhsa.gov).
[#DrugAbuseAwareness2022](#)



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 California State Board of Pharmacy
@CAPharmBoard

[#Naloxone](#) is a medication that can reverse opioid overdose and save lives! You can get naloxone from a [#pharmacist](#) without a prescription in CA. Ask your pharmacist about furnishing naloxone or find one at bit.ly/3RhWCPO. [#DrugAbuseAwareness2022](#)



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7 Retweets 2 Likes



California State Board of Pharmacy
@CAPharmBoard



More than half of surveyed adolescents and young adults who reported misusing prescription [#opioids](#) got them from friends or relatives. Keep your loved ones safe by disposing of unused medications. Find a drug takeback location at pharmacy.ca.gov.
[#DrugAbuseAwareness2022](#)



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2 Retweets



California State Board of Pharmacy
@CAPharmBoard



Looking for help with drug abuse? The Substance Abuse and Mental Health Services Administration operates a 24-hour helpline and referral service for drug abuse treatment programs: 1-800-662-HELP (4357). Get more info at samhsa.gov.
[#DrugAbuseAwareness2022](#)



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3 Retweets 3 Likes

American Pharmacists Month (October)



California State Board of Pharmacy
@CAPharmBoard



Thank you, [#pharmacists](#)! We celebrate October 2022 as American Pharmacists Month with sincere appreciation for all you do to protect the health and well-being of patients, consumers, and communities in California. Well done! [#APhM2022](#) [#YouStandByUsAll](#)



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3 Retweets [12 Likes](#)



California State Board of Pharmacy
@CAPharmBoard



Pharmacists do much more than fill prescriptions! They administer vaccinations, prescribe some medications, and advise patients on how their medications work and how to take them. So talk to your [#pharmacist](#). And thank them, too! [#APhM2022](#) [#YouStandByUsAll](#)



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California State Board of Pharmacy
@CAPharmBoard



October 12 is Women Pharmacist Day! We celebrate the significant accomplishments of women as knowledgeable and trusted professionals dedicated to providing quality health care to patients, families and communities. Thank you! [#APhM2022](#)
[#YouStandByUsAll](#)



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Will send on Wed, Oct 19, 2022 at 9:00 AM

Everyone

Today is National Pharmacy Technician Day! Pharmacy technicians play a key role in protecting patients and public health, including administering vaccinations under [#pharmacist](#) supervision. They are vital members of [#pharmacy](#) health care teams!
[#APhM2022](#) [#YouStandByUsAll](#)



Add description

Everyone can reply

National Prescription Drug Take Back Day (October 29, 2022)



California State Board of Pharmacy
@CAPharmBoard



SAVE THE DATE: Saturday, Oct. 29, is National Drug [#TakeBackDay](#)! Mark your calendar to dispose of unused, unwanted, and expired prescription drugs in your home. Find more information and a disposal location near you at deatakeback.com.



youtube.com
#DEATakeBack National Prescription Drug Take Back Cam...
DEA Take Back public service announcement reminding communities about the upcoming National Prescription Dru...

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California State Board of Pharmacy
@CAPharmBoard



It's not too early to get ready for National Drug [#TakeBackDay](#)! Mark your calendar for Saturday, 10/29, to safely get rid of unused and unwanted prescription drugs in your home. Find a disposal location and get more information at deatakeback.com.



youtube.com
#DEATakeBack National Prescription Drug Take Back Cam...
DEA Take Back public service announcement reminding communities about the upcoming National Prescription Dru...

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California State Board of Pharmacy
@CAPharmBoard



For more than a decade, National Drug [#TakeBackDay](#) has helped Americans dispose of unneeded medications that can become a gateway to addiction. The next Take Back Day is Saturday, 10/29. Find a disposal location and get more information at deatakeback.com.



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