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Business, Consumer Services and Housing Agency
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LICENSING COMMITTEE REPORT

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I. Proposed Amendment to Business and Professions Code Sections 4038 and 4115.5 Related to Pharmacy Technician Trainees

Relevant Law

Business and Professions Code (BPC) section 4038 establishes the definition of a "pharmacy technician trainee" as a person enrolled in a pharmacy technician training program operated by a California public postsecondary education institution or by a private postsecondary vocational institution as specified.

BPC section 4115.5 establishes the requirements and conditions pursuant to which a pharmacy technician trainee may be placed in a pharmacy to complete an externship for the purpose of obtaining practical training.

Background

As part of its ongoing review and evaluation of the pharmacy technician licensing program, during the April 2024 Licensing Committee meeting, members received presentations from various program providers describing the requirements for their respective certification or accreditation programs that provide a pathway to licensure for individuals seeking licensure as a pharmacy technician.

As part of those discussions, members discussed the current definition of "pharmacy technician trainee" and questioned whether the Board should consider clarifying whether pharmacy-based technician training programs should allow participants (who are currently not "pharmacy technician trainees" as defined in BPC section 4038) to obtain practical experience in the same or similar manner as specified in BPC section 4115.5. Members noted that by expanding the definition, more programs may be able to train their students in a pharmacy as a pharmacy technician trainee as the current limitation in the definition would be removed.

Members noted that expanding the definition to include pharmacy-based pharmacy technician training programs could increase learning, increase training options, and reduce barriers to entry.

Summary of Committee Discussion and Action
During the meeting, members considered draft statutory language to expand the definition of "pharmacy technician trainee" to include individuals participating in other types of pharmacy technician training programs, including employer-based training programs.

Members also considered the comments submitted by UFCW. Members spoke in support of the concept of expanding the provisions for a pharmacy technician trainee as an alternative pathway to gain some experience, but noted concerns as not all employer-based programs are the same, and commented that expanding provisions for a pharmacy technician trainee to only include accredited pharmacy technician training programs might offer a path forward.

Public comment noted variability nationally related to pharmacy technician licensure requirements and the benefits of a training program that includes a hands-on training component. Public comment also suggested that there needs to be some level or review or curriculum oversight over pharmacy technician training programs. Commenters noted that some pharmacy technicians are having a difficult time transitioning to new pharmacies because their training prior to licensure was too limited and focused solely on their work location. Public comment suggested concerns with the hour limitations under existing law.

Following discussion and consideration of public comment, Committee members are offering the following recommendation.

> **Committee Recommendation**: Recommend amendment to Business and Profession Code section 4038(b) to read: A "pharmacy technician trainee" is a person who is enrolled in a pharmacy technician training program operated by a California public postsecondary education institution or by a private postsecondary vocational institution approved by the Bureau for Private Postsecondary and Vocational Education or an accredited employer-based pharmacy technician training program.

Attachment 1 includes a copy of the draft language recommended by the Committee.

II. Survey Results Received Related to Pharmacist to Pharmacy Technician Ratio

Relevant Law

Paragraph (1) of subdivision (g) of BPC section 4115 provides that a pharmacy with only one pharmacist shall have no more than one pharmacy technician performing the tasks specified in subdivision (a) of BPC section 4115.[1] This paragraph further provides that the ratio of pharmacy technicians performing the tasks specified in subdivision (a) to any additional pharmacist shall not exceed 2:1, except that this ratio shall not apply to personnel performing clerical functions pursuant to BPC sections 4116 or 4117, nor shall this ratio apply for the following:

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

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

California Code of Regulations, title 16, section 1793.7(f) specifies that for the preparation of a prescription for an inpatient of a licensed health facility and for a patient of a licensed home health agency, the ratio shall not be less than one pharmacist on duty for a total of two pharmacy technicians on duty.

Background

Over the years there have been several legislative attempts to change the ratio requirements. Further, the Board has received numerous requests from the public to schedule a discussion on the current ratio requirements. (**Note**: As was mentioned during the April 2024 Licensing Committee meeting, legislation (Senate Bill 1365, Glazer, 2024) was introduced that would have

[1] Subdivision (a) of BPC section 4115 states: "A pharmacy technician may perform packaging, manipulative, repetitive, or other nondiscretionary tasks only while assisting, and while under the direct supervision and control of, a pharmacist. The pharmacist shall be responsible for the duties performed under their supervision by a technician."

changed the ratio in California. The Board established an oppose position on this measure, which was held in Senate Appropriations Committee.)

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

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

During the April 2024 Committee meeting, members were provided with a brief presentation on the survey results prepared by experts within the DCA Office of Professional Examination Services (OPES). As part of the presentation, members were advised that over 4,517 responses were analyzed. Survey respondent demographic information was provided. Further analysis of responses was provided for specific pharmacy settings (institutional and noninstitutional) where pharmacists were asked to respond to questions related to their belief about the current pharmacist to pharmacy technician ratio. This data was further broken down to include respondents that indicated they were in a management or administrative position for their employer.

Following discussion, members requested that additional data be provided describing the data for respondents that indicated they are *not* in a management or administrative position. Following the meeting, staff worked with OPES to prepare the analysis requested.

Summary of Committee Discussion and Action
During the meeting, members reviewed the additional data from the survey responses. The data suggested that the current ratio in the institutional setting remains appropriate, but members noted that the data appears to suggest that pharmacists believe a change in the pharmacist to pharmacy technician ratio in the community pharmacy setting is appropriate.

Members considered if the increase should be facilitated by giving a PIC the authority to determine the appropriate ratio for their respective worksites; however, members expressed concern that PICs do not have sufficient autonomy to establish staffing. Members spoke in support of amending BPC section 4115 to increase the number of pharmacy technicians a pharmacist may supervise to the pharmacist to pharmacy technician ratio of 1:2 in the

community pharmacy setting while establishing authority for the pharmacist to refuse to supervise a second pharmacy technician.

Members received significant public comment. Comments varied, with some public comments suggesting that the Board should seek regulation authority to establish the pharmacist to pharmacy technician ratio in the community pharmacy setting. Other public comment suggested that the statute could establish a minimum ratio of 1:2 with the authority to allow the PIC to change the ratio if deemed appropriate, up to a specified limit.

Public comment also spoke in support of a change in the ratio in the community pharmacy setting and that the Board should seek authority to approve waivers to allow for additional pharmacy technicians beyond 1:2 to provide flexibility given the variance in community pharmacy practice settings.

Following discussion and consideration of public comment, the Committee agreed that a change to the current ratio in the community pharmacy setting is appropriate, and that given the variety of community pharmacy practice settings, for flexibility the Board should have the authority to establish the ratio by regulation, similar to the current approach for institutional pharmacy settings.

> **Committee Recommendation**: Amend Business and Professions Code section 4115(g) to change the ratio of pharmacist to pharmacy technicians to 1:2 in the outpatient pharmacy setting, with the pharmacist having the ability to refuse to supervise the second pharmacy technician, and further providing that the Board may, by regulation, establish a different ratio applicable to different outpatient pharmacy practice settings.

Attachment 2 includes a summary of the survey results previously provided to the Committee and the supplemental information provided by OPES along with a copy of the draft statutory proposal.

III. Proposal to Establish Reinstatement of a Retired Pharmacist License, Including Proposed Amendment to BPC Section 4200.5

Relevant Law

BPC section 4200.5 establishes the provisions for a retired pharmacist license. As provided in this section, the holder of a retired license may restore their license through reapplication for a pharmacist license, including passing the examinations that are required for initial licensure with the Board.

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

During the April 2024 Licensing Committee meeting, members reviewed relevant Nevada laws that provide for a fee waiver for any person who has been registered as a pharmacist in Nevada for at least 50 years. (NAC 639.220.)

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

Following discussion, members requested that staff further review the issue and bring forward a statutory proposal to establish a step-down approach for pharmacists seeking to retire.

Summary of Committee Discussion and Action
During the meeting, members considered a proposal to amend BPC section 4200.5 to establish parameters for a retired pharmacist to restore their license under specified conditions. Members noted agreement with the language. No public comment was received.

> **Committee Recommendation**: Recommend amendment to BPC section 4200.5 to establish a process to reinstate a retire licensed, as presented.

Attachment 3 includes a copy of the statutory proposal.

IV. Compounding by Pharmacy Technicians Outside of Pharmacies, Including Proposed Amendment to BPC Section 4115

Relevant Law

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

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

USP General Chapter <797> *Pharmaceutical Compounding – Sterile Preparations* describes the minimum requirements that apply to all persons who prepare compounded sterile preparations (CSPs) and all places where CSPs are prepared for human and animal patients. This includes pharmacists and technicians in all places including, but not limited to, medical and surgical patient treatment sites, infusion facilities, pharmacies, and physicians' and veterinarian practice sites.[2]

Background

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

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

During its prior discussion, members considered several policy questions related to this issue.

1. Should the Board seek explicit authority to inspect locations where pharmacy technicians are performing compounding activities outside of licensed pharmacies? (Note: BPC Section 4008 may already provide the

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

Board such authority; however, it may be beneficial to have more explicit authority.)

2. Should the Board develop educational materials to provide to other health care professional boards and associations reminding such entities of the Board's inspection authority?
3. Generally, the Board does not inspect facilities where compounding occurs outside of a Board-licensed facility unless requested or referred to the Board for such action by another entity, *e.g.*, the FDA, FBI, DEA, etc. Does the Committee wish to provide direction to staff to proactively perform some inspections of such facilities to learn more about compounding practices?
4. Does the Committee believe it is appropriate to allow for a pharmacy technician to compound under the direct supervision and control of a pharmacist when **outside** of a licensed pharmacy?
5. Should the Board consider establishing a requirement for offices, clinics, etc. that are compounding but not currently licensed by the Board to provide notification to the Board that Board licensees are compounding at their location or alternatively require Board licensees to notify the Board if they are compounding outside of a Board-licensed facility?
6. Should the Board develop educational materials reminding pharmacy technicians of the requirements of USP <797> and federal law related to compounding of drug preparations?

During the discussion, members noted the need to increase educational awareness of the Board's authority to conduct inspections of locations where compounding occurs, including non-licensed areas. Members expressed concern about the compounding environment in some of these non-licensed locations including locations where pharmacy technicians are compounding preparations. Members noted the importance for patient safety of ensuring the compounding environment is compliant with applicable USP standards and that many people don't realize that compounding is a high-risk activity.

Members highlighted the Board's role to safeguard the health and safety of the public and that the Board should proactively go out and inspect such locations consistent with the Board's authority. There appeared to be consensus among members that more oversight of such locations appears appropriate to ensure compliance with USP standards.

Members discussed the current challenge of providing regulatory oversight of pharmacy technicians compounding outside of a pharmacy and outside of the direct supervision and control of a pharmacist and considered if a

notification requirement would be appropriate, including potentially through a web-based portal to facilitate the notification.

Summary of Committee Discussion and Action
During the July meeting, members considered a draft statutory proposal that would, as proposed, facilitate two changes consistent with the Committee's prior discussion:

1. Establish authority for a pharmacy technician to compound outside of a licensed pharmacy under the direct supervision and control of a pharmacist.
2. Establish a requirement to notify the Board where such compounding activities occur.

Members discussed the proposal and the Board's ability to operationalize the notification requirements. Members noted that the language could provide a first step to understanding compounding practices occurring outside of pharmacies and noted the need for understanding the practice and the potential risks to patients if compounding practices are inappropriate.

Public comment spoke in support of the statutory proposal as a step in the right direction and noted concerns with practice settings that are not authorized under federal law to perform compounding.

> **Committee Recommendation**: Recommend amendment to BPC section 4115 related to pharmacy technicians compounding outside of a licensed pharmacy as presented.

Attachment 4 includes a copy of the statutory proposal to amend BPC section 4115 recommended by the Committee.

V. Summary of Presentation on Central Fill Pharmacy Models in Use in California

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

1. The pharmacy that is to refill the prescription either has a contract with the pharmacy which received the prescription or has the same owner as the originating pharmacy.
2. The prescription container meets labeling requirements and clearly shows the name and address of the pharmacy refilling the prescription

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

Background

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

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

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

More recently, during the April 2024 meeting, members received presentations by Walgreens and Albertsons on their respective central fill operations. Following the presentations and discussion, members noted that the presentations were helpful, but expressed the need to understand more about the current use of central fill pharmacies in California.

Summary of Committee Discussion

During the meeting, members received a presentation from Supervising Inspector Dang on central fill models in use in California.

Following the presentation, members noted that the information provided was helpful in understanding how the central fill model is currently used in California. Some members noted surprise that pharmacists are not performing final verification and cited a personal example of a medication error related

to bubble cards. Some members expressed concern that without final product verification, responsibility to identify medication errors could be placed on either a patient or a nurse.

Members asked how facilities limit pharmacy personnel from accessing automated devices once they are stocked and questioned if the frequency of medication errors is higher in central fill pharmacies.

Attachment 5 includes the presentation slides.

VI. Proposed Amendment to California Code of Regulations, Title 16, Section 1707.4 Related to Central Fill Pharmacies

Summary of Committee Discussion and Action
Following the presentation, members discussed the proposed amendments to 16 CCR section 1707.4. noted that the proposed amendments provide clarity to the regulated public.

Public comment noted supported for the central fill model and suggested that physical product verification may still be necessary for some prescriptions including ointments and creams. Public comment also thanked the Committee for their thoughtful approach in evaluating the business model including the provisions related to final product verification, but expressed concern with the patient notification requirement and suggested signage in the originating pharmacy should meet the notification requirement. The Committee also received comment suggesting that the proposed language should be updated to replace "photograph" with "digital image."

Following discussion and consideration of public comment, the Committee is offering a recommendation.

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

Attachment 6 includes the draft regulation language recommended by the Committee.

VII. Licensure and Other Requirements for Nonresident Pharmacies, Including Proposed Amendment to BPC Section 4112

Relevant Law

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

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

Background

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

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

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

During the April 2024 meeting, members considered a number of policy questions.

1. The Committee has previously indicated that inspections should be performed at nonresident pharmacies. Does the Committee wish to establish a minimum frequency for conducting such inspections, *e.g.*, every four years?

   Committee Discussion: Members spoke in support of inspections of nonresident pharmacy facilities, but did not reach consensus on the frequency of such inspections.

2. Board staff has recently learned that some states are allowing pharmacists licensed in Canada to secure licensure and/or work in their respective state without taking the NAPLEX and/or law examination. Such individuals could then provide pharmacy-related services to California patients.
    a. Does the Committee have concerns with this practice?
    Committee Discussion: Some members expressed concerns with this while other requested additional information on Canadian licensing standards.
    b. Does the Committee wish to prohibit such practice like the approach taken for pharmacist licenses revoked in California?
    c. Does the Committee wish to require all pharmacists providing services into California to be licensed in California?
    Committee Discussion: Members considered these two questions together and discussed the potential for chain link reciprocity and the need to break that link. Members noted that additional discussion was necessary.

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

Summary of Committee Discussion and Action
During the meeting, members considered additional statutory changes regarding nonresident pharmacies to reduce potential harm to California consumers. As proposed, the draft language would update the requirements as follows:

1. Update requirements for pharmacists working in a nonresident pharmacy that are not licensed in California as a pharmacist.
2. Establish provisions for mandatory inspections of nonresident pharmacies.

Members agreed with the policy but expressed concern with the proposed statutory language as drafted, noting it was confusing. Members focused on the policy issues with the understanding staff could refine the language consistent with the Committee's direction. Following discussion, members noted that pharmacists who are not licensed in California, but are providing services to California patients, must have passed the NAPLEX and the MPJE. Further, If a pharmacist has had their license revoked in any jurisdiction, the pharmacist should not be eligible to provide patient care to California patients, unless their pharmacist license was subsequently reinstated.

Public comment suggested that the Board should consider accepting inspections from third parties or from the resident state in lieu of the Board performing inspections. Public comment also indicated that the language presented was confusing.

Committee Recommendation: Recommend the Board pursue a statutory change to BPC section 4112 to update the requirements for nonresident pharmacies consistent with the Committee's discussion.

Attachment 7 includes a copy of the proposed statutory language to amend BPC section 4112 consistent with the Committee's discussion.

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

Relevant Law

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

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

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

BPC section 4306.5 establishes as unprofessional conduct acts or omissions that involve, in whole or in part, the inappropriate exercise of a pharmacist's education, training, or experience as a pharmacist, whether or not the act or omission arises in the course of the practice of pharmacy or the ownership, management, administration, or operation of a pharmacy or other entity licensed by the Board. The section further establishes as unprofessional conduct failure of a pharmacist to exercise or implement their best professional judgment or corresponding responsibility with regard to the dispensing or furnishing of controlled substances, dangerous drugs, or dangerous devices, or with regard to the provision of services. Also, the section provides that the failure to consult appropriate patient, prescription, or

other records pertaining to the performance of any pharmacy function is unprofessional conduct, as is the failure to maintain and retain appropriate patient-specific information pertaining to the performance of any pharmacy function.

Background

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

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

More recently, during the April 2024 meeting, members considered draft statutory language. Provided below are highlights of the proposed changes and the relevant sections of law.

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

1. Would expand provisions for pharmacists to perform CLIA waived tests, beyond those currently allowed in BPC section 4052.4.
2. Would allow a pharmacist to perform a therapeutic interchange under specified conditions.
3. Would establish authority for pharmacists to furnish FDA approved or authorized medication that is preventative or does not require a diagnosis under specified conditions.
4. Would expand upon pharmacists' current authority to administer biologics and would allow a pharmacist to furnish an FDA approved or

authorized noncontrolled medication for the treatment of minor, non-chronic health conditions or for which a CLIA waived test provides diagnosis and the treatment is limited in duration.

5. Would expand current authority for pharmacists to complete missing information on a noncontrolled medication if there is evidence to support the change.
6. Would expand authority for pharmacists to substitute medications that are generally considered interchangeable (*i.e.*, if insurance will only cover one medication but an interchangeable medication was prescribed).
7. Would allow for medication therapy management and adjust treatments to manage chronic conditions diagnosed by a prescriber to optimize drug therapy (*i.e.*, adjusting medication dosing in response to laboratory results such as for warfarin, or medication to better control diabetes).

As part of its prior discussion, members noted that the issue should be included as part of the Board's sunset report and highlighted that the language does not remove specific authorities for pharmacists that currently exist, but rather, expands the language and removes some of the prescriptive authorities that currently exist. Members noted that the transition to the standard of care as proposed provided for more patient-focused care with individual pharmacists making the decision how to care for a patient. Members generally agreed that pharmacists need more flexibility to take care of patients with some concern noted that pharmacists in some environments may not have sufficient autonomy to use their professional judgment or access to necessary medical information to make appropriate patient care decisions.

Members of the public spoke generally in support of the proposal and also noted the need to make conforming changes in other areas of California law, including provisions in the Health and Safety Code.

Related to this topic, staff are seeking information on California's DxF Data Sharing Agreement, which is the first-ever, required statewide data sharing agreement in California.

Summary of Committee Discussion

In preparation for the Board's upcoming sunset report, and to ensure sufficient time to finalize proposed statutory changes, during the meeting, members resumed consideration of a legislative proposal to implement the recommendations from the Board's legislative report. During the meeting, members considered an updated proposal that addressed some of the previous concerns raised by members including liability issues and access to patient medical records.

In addition to considering the proposed language, members considered detailed written comments received from the California Pharmacists Association. Members generally noted support of the written comments. Some members expressed concern with the vague language in some of the proposed language related to chronic conditions. Members noted agreement with the need for authority for pharmacists to prescribe OTC medications to ensure patients had ready access to such medication and could rely on insurance coverage where applicable to cover the costs of such medication.

The Committee received public comment in support of the proposal and expressing appreciation for the Board's efforts. Public comment noted that nothing in the proposed language will require a pharmacist to perform any of these activities, rather provide authority. Public comment noted that the proposal will promote better patient access and improved patient care. Public comment also suggested that the Board should clarify if it is seeking to establish a "standard of care" model or a "standard of practice" model.

The Committee did not take action on the proposal but noted the need to schedule another meeting to finalize the proposal.

Attachment 8 includes a copy of the updated draft statutory proposal considered by the Committee and the written comments received from the California Pharmacists Association and the American Pharmacists Association.

IX. Senate Bill 523 (Leyva, Chapter 630, Statutes of 2022) Related to Contraception Access, Including Possible Amendment to Business and Professions Code Sections 4052 and 4052.3

Background

Senate Bill 523 (Leyva, Chapter 630, Statutes of 2022) made various changes to expand coverage of contraceptives by a health care service plan contract or health insurance policy as specified in the measure. As part of the changes, effective January 1, 2024, a health care service plan or health insurer is required to provide point-of-sale coverage for over-the-counter FDA-approved contraceptive drugs, devices, and products at in-network pharmacies without cost sharing or medical management restrictions.

While OTC hormonal contraception is available to patients, implementation of health care service plan coverage is stymied because of requirements related to reimbursement, most notably, insurers generally require a prescription to reimburse for medications, even those determined by the FDA to be OTC. To remedy this issue, a change to BPC section 4052.3 is necessary to allow pharmacists to

prescribe OTC hormonal contraception. Further, clarification to existing law may be appropriate to explicitly state that current provisions related to pharmacist-furnished hormonal contraception are only applicable to prescription-only products.

Summary of Committee Discussion and Action
During the meeting, members considered the issue and draft statutory language that could provide pharmacists with the authority to prescribe OTC hormonal contraception. Members noted support of the policy and the language provided.

The Committee also received public comments in support.

Committee Recommendation: Recommend amendment to Business and Professions Code sections 4052 and 4052.3 consistent with the Committee's discussion.

Attachment 9 includes a copy of the proposed amendments.

X. Discussion and Consideration of Licensing Statistics

Licensing statistics for FY 2023/24 (July 1, 2023 – June 30, 2024) are provided in **Attachment 10** along with three-year comparison data.

During FY 2023/24, the Board has received 13,528 initial applications, including:

- 1,178 intern pharmacists
- 3,164 pharmacist exam applications (1,787 new, 1,377 retake)
- 157 advanced practice pharmacists
- 5,239 pharmacy technicians
- 749 community pharmacy license applications (371 chain, 383 nonchain)
- 71 sterile compounding pharmacy license applications (52 LSC, 17 NSC, 2 SCP)
- 136 nonresident pharmacy license applications
- 21 hospital pharmacy license applications

During FY 2023/24, the Board has received 6 request for temporary individual applications (Military Spouses/Partners), including:

- 6 temporary pharmacy technicians

During FY 2023/24, the Board has received 904 requests for temporary site license applications, including:

- 649 community pharmacy license applications (352 chain pharmacy acquisition)

- 48 sterile compounding pharmacy license applications
- 96 nonresident pharmacy license applications
- 20 hospital pharmacy license applications

During FY 2023/24, the Board has issued 9,228 individual licenses, including:
- 1,192 intern pharmacists
- 1,564 pharmacists
- 159 advanced practice pharmacists
- 5,744 pharmacy technicians

During FY 2023/24, the Board has issued 4 temporary individual applications (Military Spouses/Partners), including:
- 4 temporary pharmacy technicians

During FY 2023/24, the Board has issued 690 site licenses without temporary license requests, including:
- 298 automated drug delivery systems (295 AUD, 3 APD)
- 80 community pharmacies
- 1 hospital pharmacy

During FY 2023/24, the Board has issued 411 temporary site licenses, including:
- 255 community pharmacies
- 15 hospital pharmacies

Site Application Type	Application Processing Times as of 4/1/2024	Application Processing Times as of 7/19/2024	Deficiency Mail Processing Times as of 4/1/2024	Deficiency Mail Processing Times as of 7/19/2024
Pharmacy	48	78	161	95
Nonresident Pharmacy	60	102	278	109
Sterile Compounding	28	8	70	35
Nonresident Sterile Compounding	51	8	80	38
Outsourcing	28	Current	39	Current
Nonresident Outsourcing	7	Current	50	Current
Hospital Satellite Compounding Pharmacy	Current	Current	Current	Current
Hospital	11	Current	Current	Current
Clinic	80	10	138	65
Wholesaler	14	9	157	45
Nonresident Wholesaler	25	17	125	39
Third-Party Logistics Provider	14	Current	Current	36
Nonresident Third-Party Logistics Provider	10	9	64	44
Automated Drug Delivery System	28	18	Current	Current
Automated Patient Dispensing System	Current	Current	Current Combined with ADD	Current Combined with ADD
Emergency Medical Services Automated Drug Delivery System	Current	Current	Current Combined with ADD	Current Combined with ADD

Individual Application Type	Application Processing Times as of 4/1/2024	Application Processing Times as of 7/19/2024	Deficiency Mail Processing Times as of 4/1/2024	Deficiency Mail Processing Times as of 7/19/2024
Exam Pharmacist	5	Current	7	Current
Pharmacist Initial Licensure	Current	Current	Current	Current
Advanced Practice Pharmacist	10	18	4	8
Intern Pharmacist	11	8	7	10
Pharmacy Technician	6	29	8	9
Designated Representative	10	2	15	11
Designated Represenatives-3PL	7	2	Combined with Designated Representative	Combined with Designated Representative
Designated Representatives-Reverse Distributor	Current	Current	Combined with Designated Representative	Combined with Designated Representative
Designated Paramedic	14	Current	Combined with Designated Representative	Combined with Designated Representative

Attachment 1

Proposed Amendments Related to Pharmacy Technician Trainees

Business and Professions Code Section 4038 is amended as follows:
4038.
(a) "Pharmacy technician" means an individual who assists a pharmacist in a pharmacy in the performance of his or her pharmacy related duties, as specified in Section 4115.

(b) A "pharmacy technician trainee" is a person who is enrolled in a pharmacy technician training program operated by a California public postsecondary education institution or by a private postsecondary vocational institution approved by the Bureau for Private Postsecondary and Vocational Education or an accredited employer-based pharmacy technician training program.

Business and Professions Code Section 4115.5 is amended as follows:
4115.5.
(a) Notwithstanding any other law, a pharmacy technician trainee may be placed in a pharmacy to complete an externship for the purpose of obtaining practical training required to become licensed as a pharmacy technician.

(b) (1) A pharmacy technician trainee participating in an externship as described in subdivision (a) may perform the duties described in subdivision (a) of Section 4115 only under the direct supervision and control of a pharmacist.

(2) A pharmacist supervising a pharmacy technician trainee participating in an externship as described in subdivision (a) shall be directly responsible for the conduct of the trainee.

(3) A pharmacist supervising a pharmacy technician trainee participating in an externship as described in subdivision (a) shall verify any prescription prepared by the trainee under supervision of the pharmacist by initialing the prescription label before the medication is disbursed to a patient or by engaging in other verification procedures that are specifically approved by board regulations.

(4) A pharmacist may only supervise one pharmacy technician trainee at any given time.

(5) A pharmacist supervising a pharmacy technician trainee participating in an externship as described in subdivision (a) shall certify attendance for the pharmacy technician trainee and certify that the pharmacy technician trainee has met the educational objectives established by the training program ~~by a California public postsecondary education institution or the private postsecondary vocational institution in which the trainee is enrolled, as established by the institution~~.

(c) (1) Except as described in paragraph (2), an externship in which a pharmacy technician trainee is participating as described in subdivision (a) shall be for a period of no fewer than 120 hours and no more than 140 hours.

(2) When an externship in which a pharmacy technician trainee is participating as described in subdivision (a) involves rotation between a community and hospital pharmacy for the purpose of training the student in distinct practice settings, the externship may be for a period of up to 340 hours.

(d) An externship in which a pharmacy technician trainee may participate as described in subdivision (a) shall be for a period of no more than six consecutive months in a community pharmacy and for a total of no more than 12 months if the externship involves rotation between a community and hospital pharmacy. The externship shall be completed while the trainee is enrolled in ~~a course of instruction at the institution~~the training program.

(e) A pharmacy technician trainee participating in an externship as described in subdivision (a) shall wear identification that indicates the pharmacy technician trainee's status as a trainee.

United Food & Commercial Workers Union
Amber Baur, Executive Director · Mark Ramos, President · Kirk Vogt, Secretary-Treasurer · Andrea Zinder, Recorder
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1127 11th Street, Suite 830 · Sacramento, California 95814
www.ufcwwest.org

July 17th, 2024

The Honorable Seung Oh
President, California Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

RE: July 18, 2024 Licensing Committee Agenda Item IV: Definition of Pharmacy Technician Trainee– Concerns

Dear President Oh and Board of Pharmacy Members:

The United Food and Commercial Workers Western States Council (UFCW) on behalf of its over 180,000 members, thousands of who are pharmacy technicians, writes with concerns about the proposed definition change of "pharmacy technician trainee" that will be addressed in the July 18, 2024 Board of Pharmacy Licensing Committee.

The proposed definition of "pharmacy technician trainee" would no longer require participation from an accredited body. Accreditation and other formal recognition of training programs from governing bodies protect pharmacy technician students and the public from predatory training entities. California has a recent history of protecting student consumers from private education

entities and recovering tuition costs from bad actors[1]. With no outside accrediting entities, there is no mechanism for the state to evaluate training bodies and protect students. Removing all accountability from training entities may irrecoverably create harm for pharmacy technician trainees and pharmacy consumers.

Moreover, UFCW is concerned that unaccredited or non-state registered training programs for pharmacy technician trainees would likely cause further irregularities in pharmacy technician training. A lack of consistent education makes transferring pharmacy technician skills between pharmacy settings and companies difficult. Furthermore, non-accredited or state registered training programs have no accountability in meeting Equal EOC and similar race and gender protections for workers and job recruitment.

Our concern is that the proposed definition of a "pharmacy technician trainee" is too broad and needs further discussion by this subcommittee and board.

Sincerely,

Jassy Grewal, Legislative Director
UFCW Western States Council

1 https://www.ed.gov/news/press-releases/education-department-approves-58-billion-group-discharge-cancel-all-remaining-loans-560000-borrowers-who-attended-corinthian-colleges

Attachment 2

Tech Ratio Survey Data

CA Board of Pharmacy

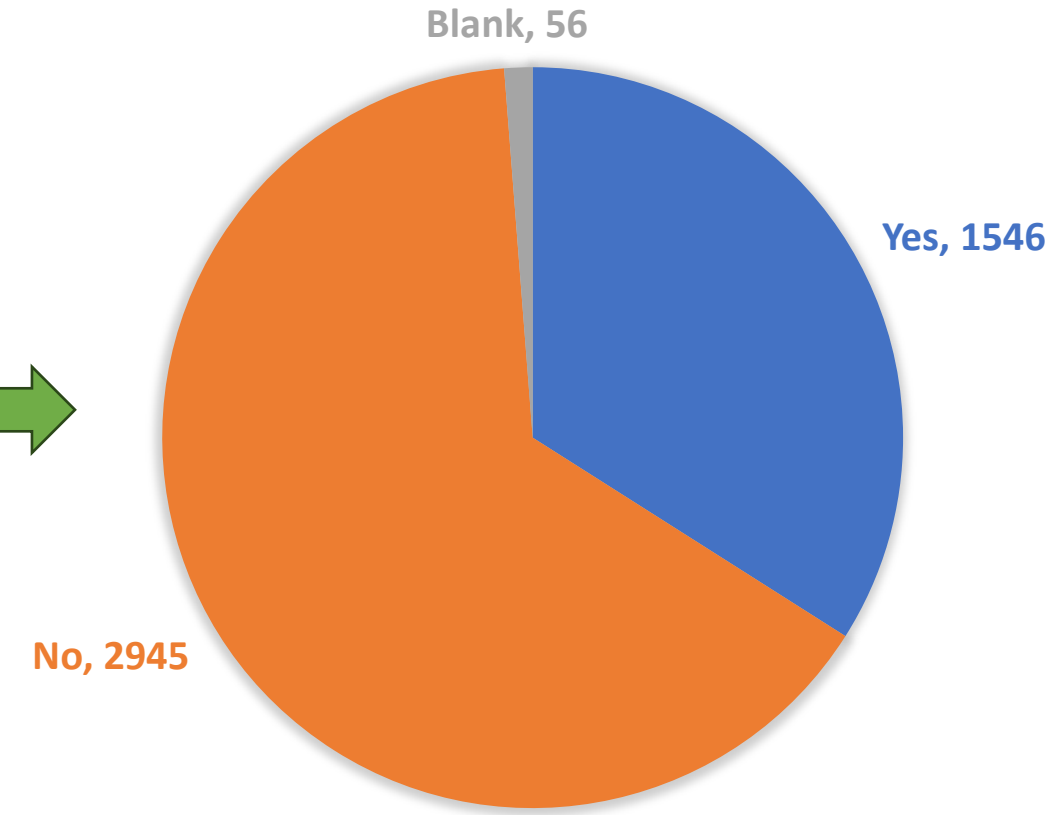
Survey Population

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

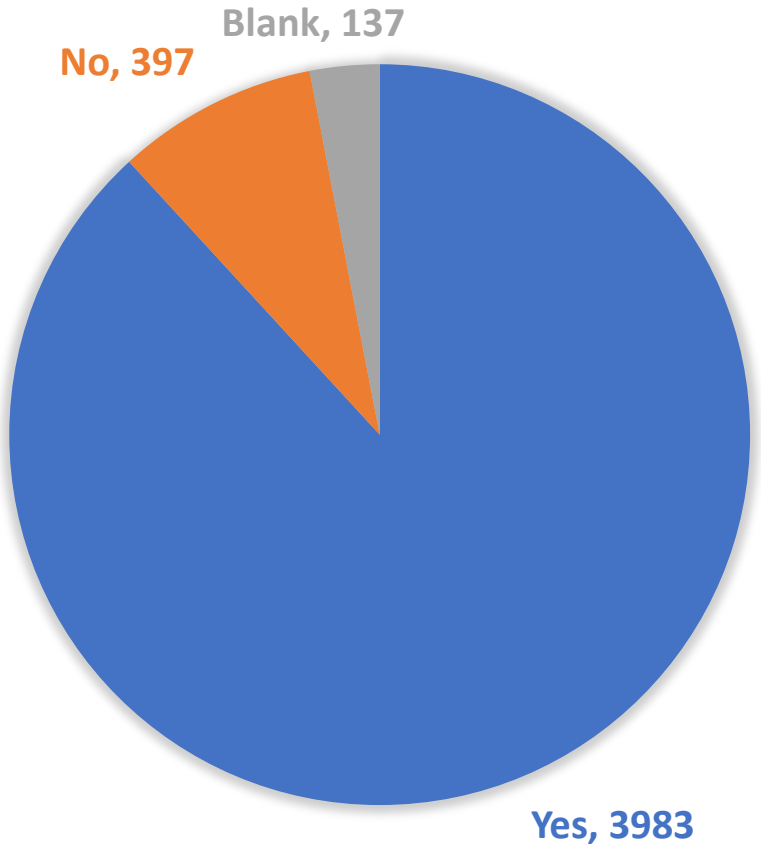
- 4517 responses analyzed

Are you a PIC?

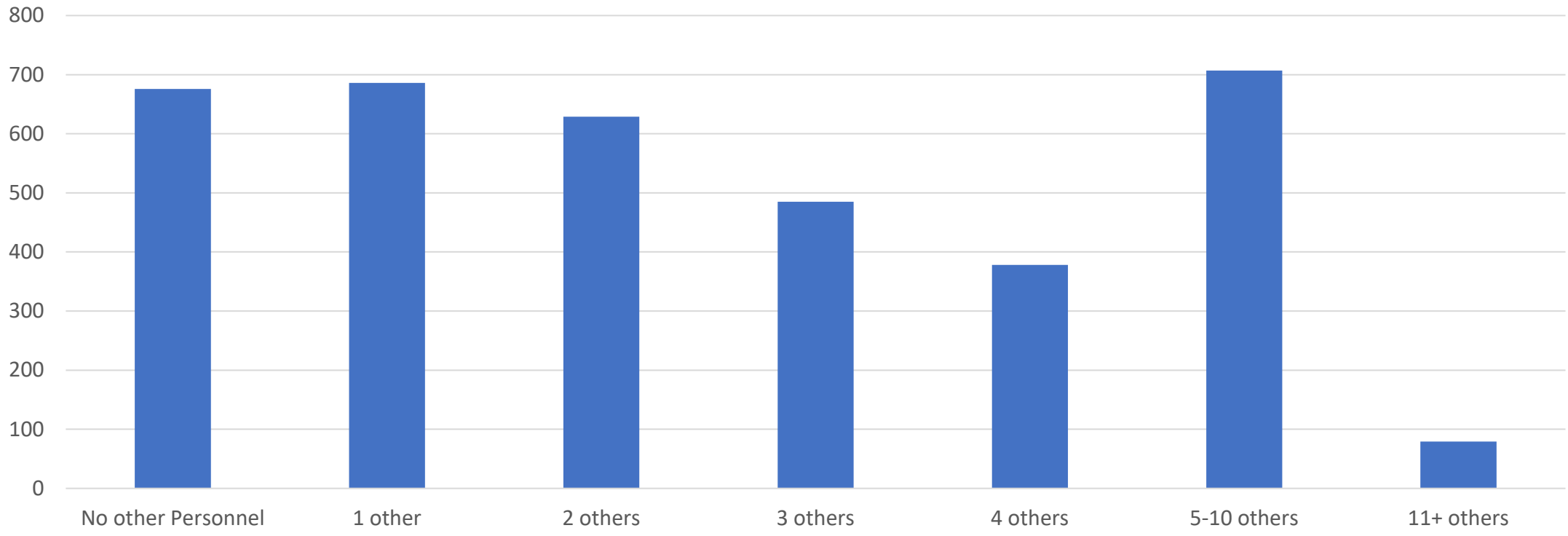
4517 Respondents



Do you currently supervise a pharmacy technician?

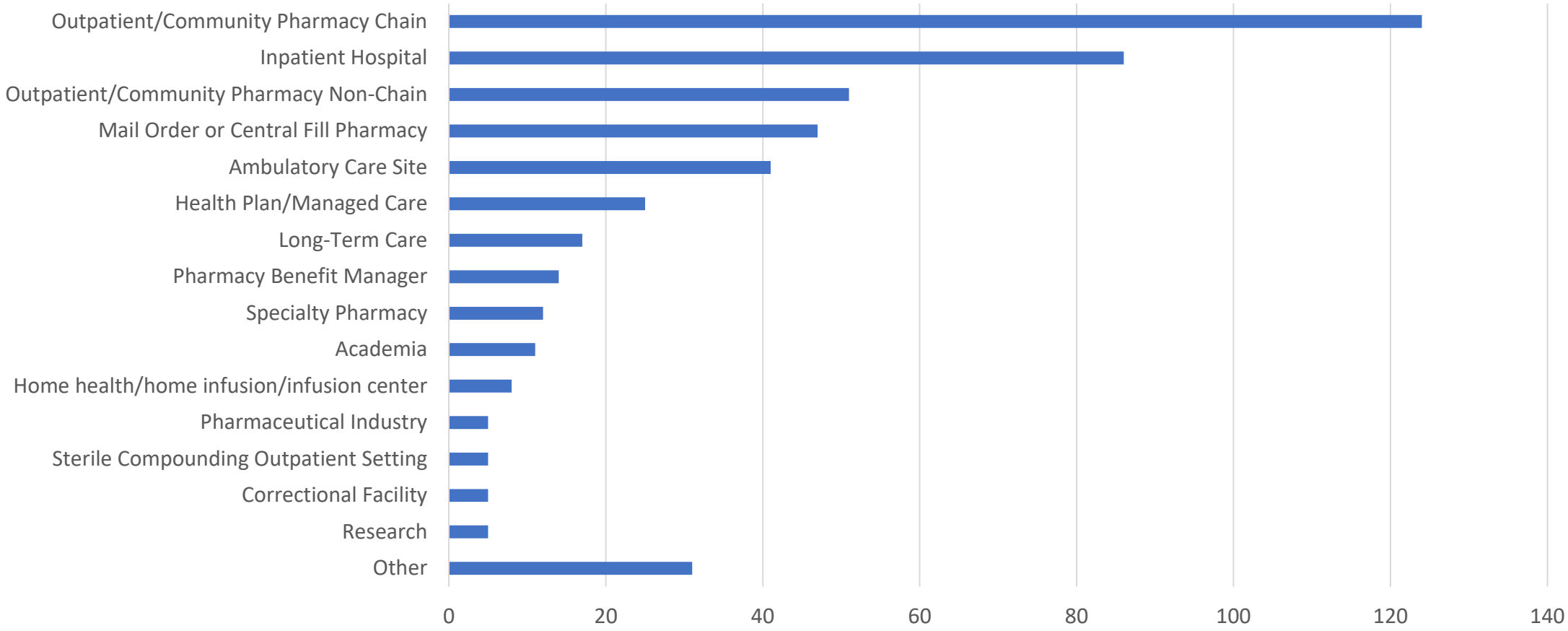


Of those who supervise a pharmacy technician, how many other personnel do you supervise?



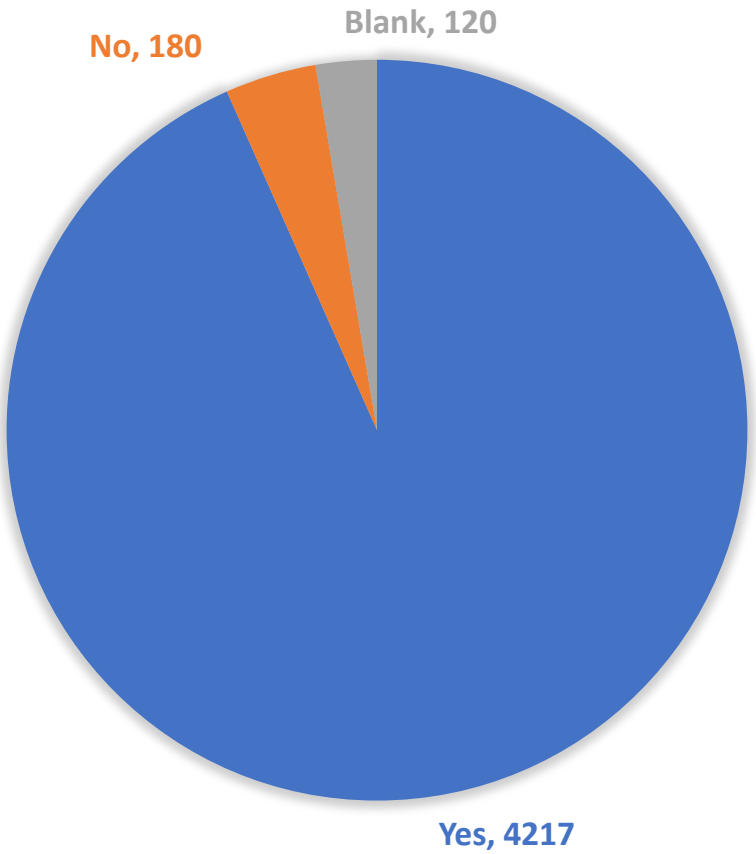
*29 did not respond

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

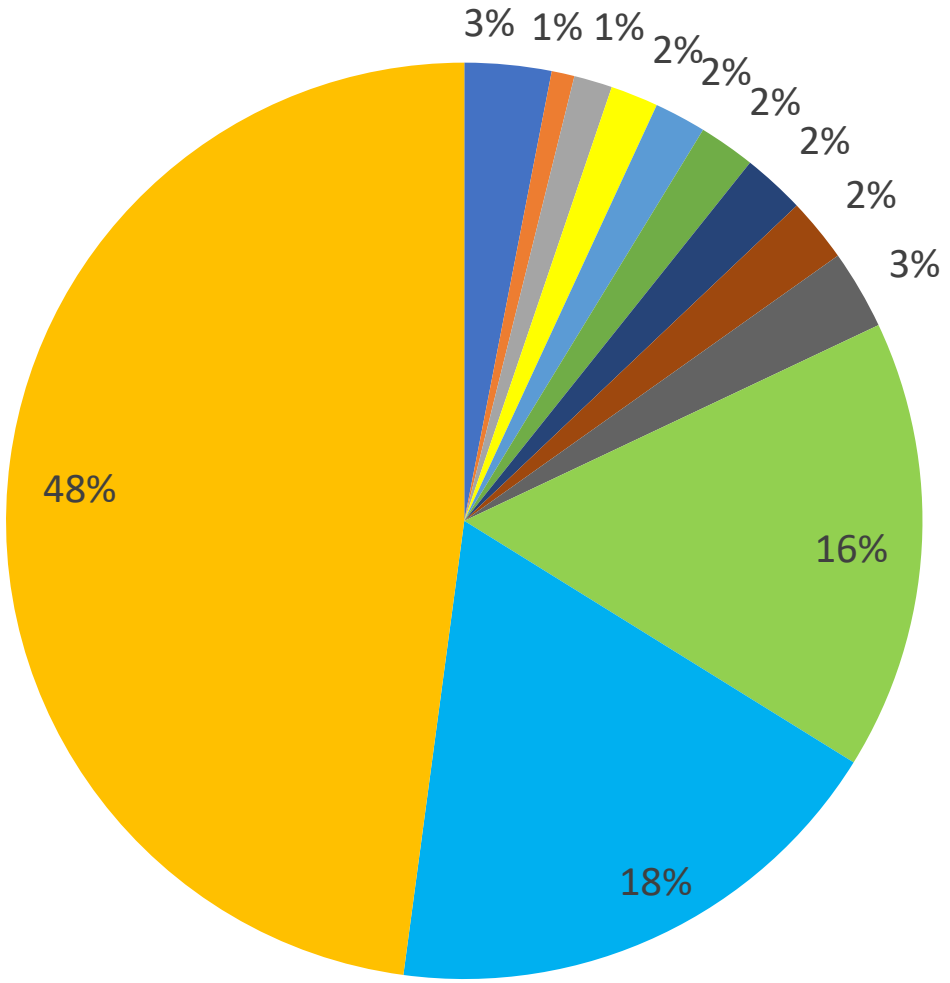


*47 did not respond

Does your worksite utilize pharmacy technicians?

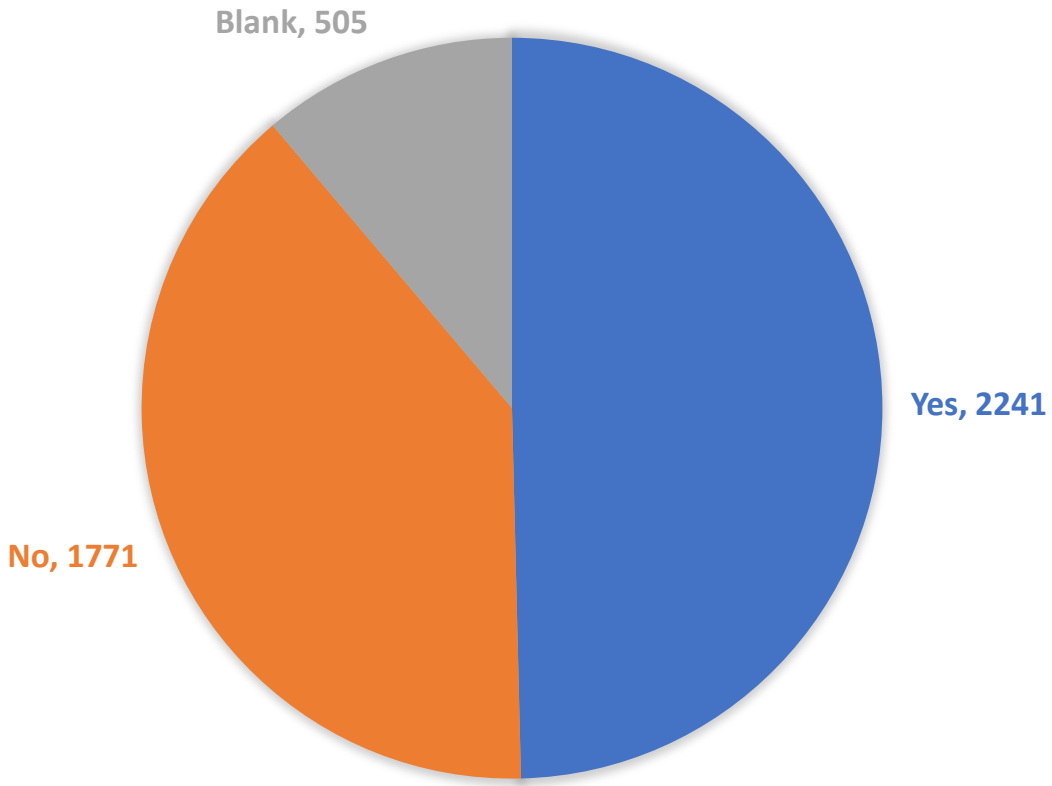


Type of worksites utilizing pharmacy technicians

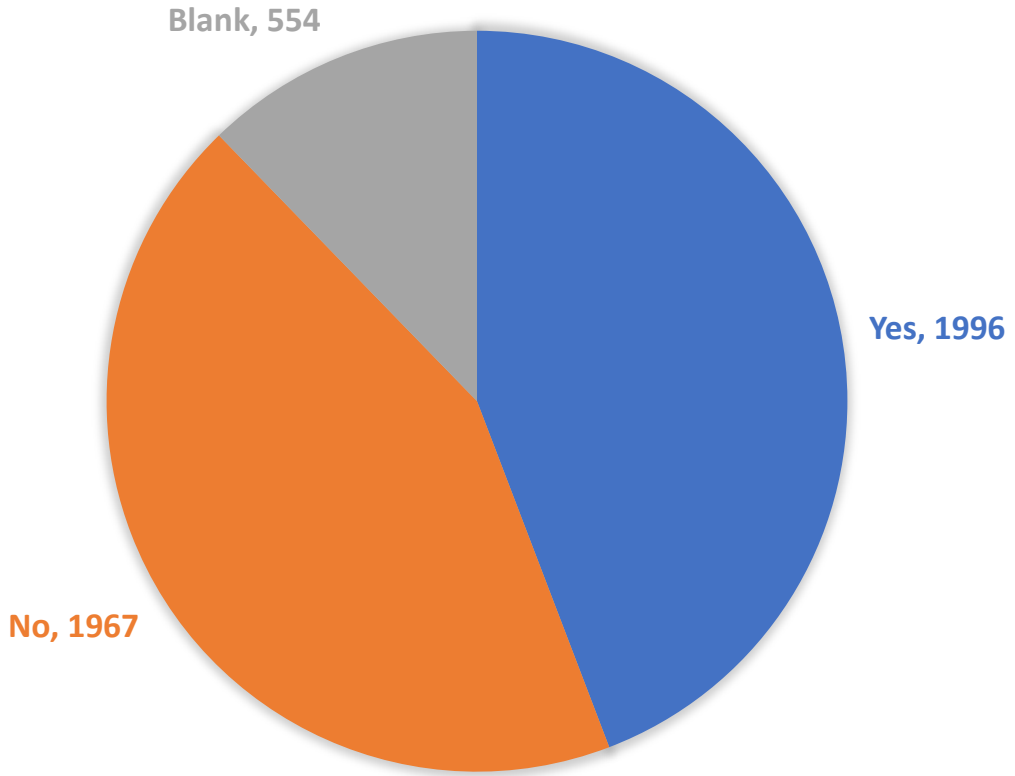


- Other (Incl. Pharmaceutical, Academia, Research, Benefit Manager)
- Correctional Facility
- Health Plan/Managed Care
- Sterile Compounding Outpatient Setting
- Home health/home infusion/infusion center
- Ambulatory Care Site
- Mail Order or Central Fill Pharmacy
- Specialty Pharmacy
- Long-Term Care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

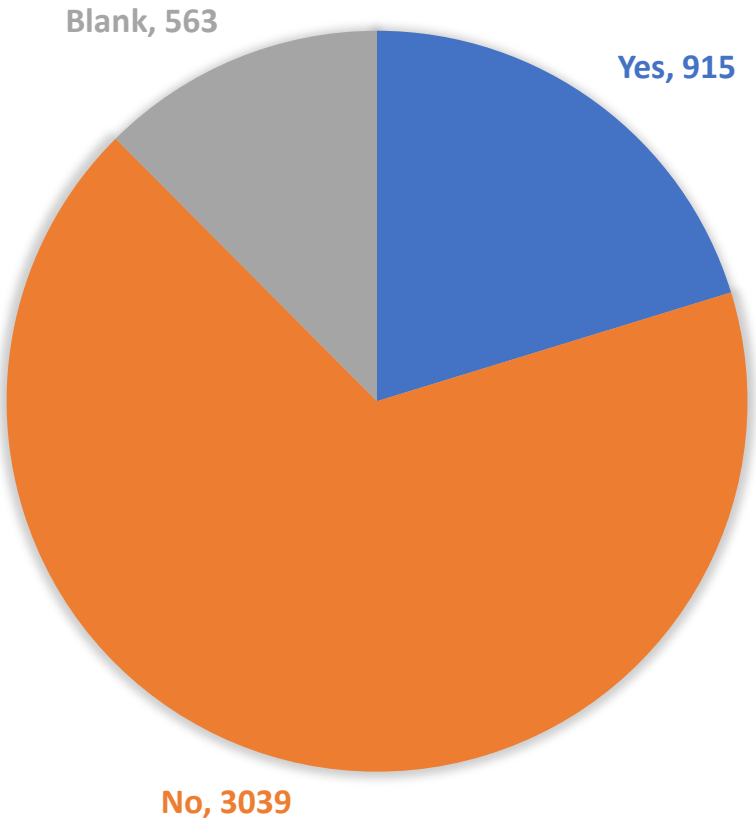
Does your pharmacy also provide immunizations and other clinical services during a typical day at your primary worksite?



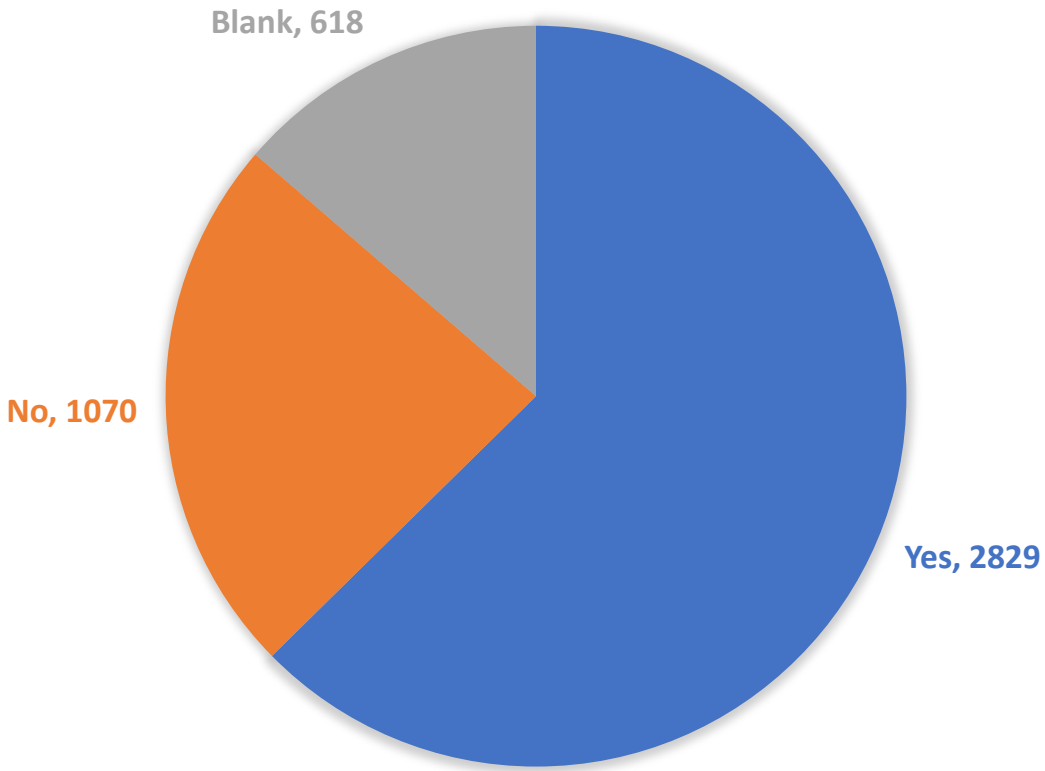
Does your worksite use any technology as part of the dispensing process?



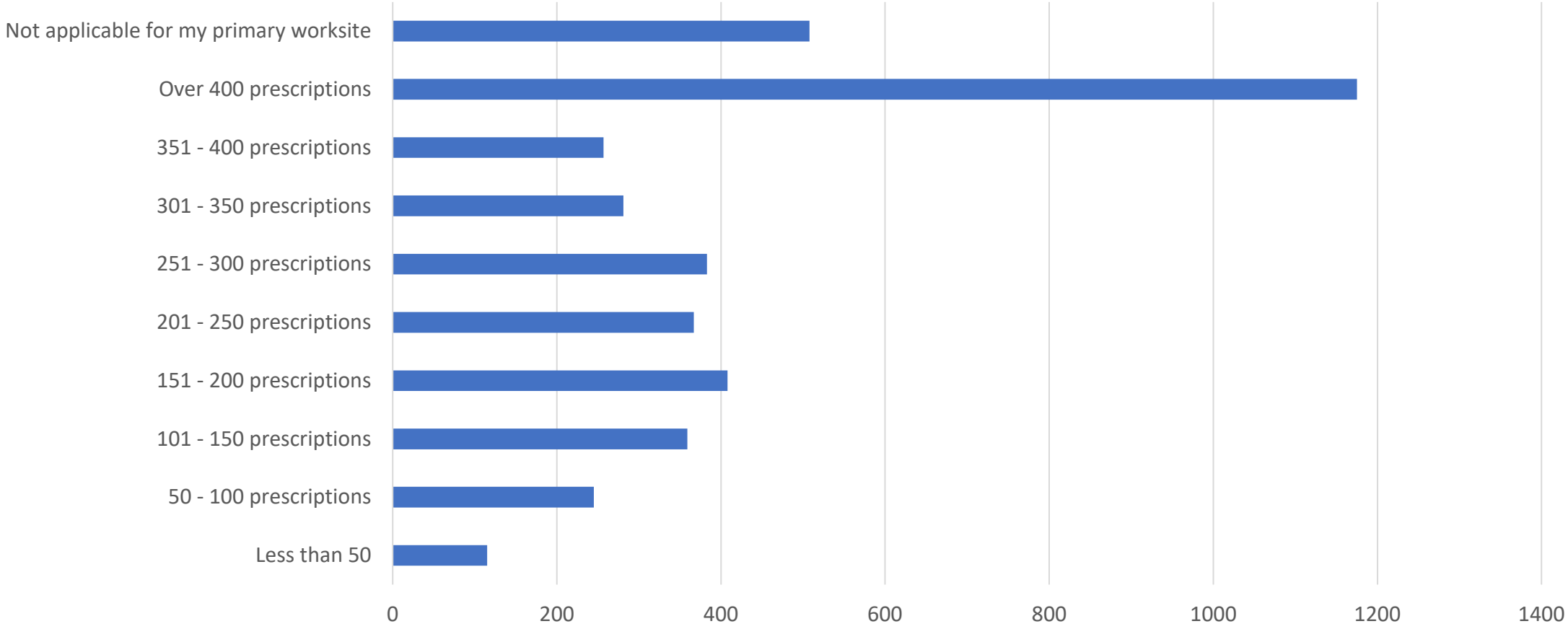
Is your worksite a closed-door pharmacy?



Does your worksite have pharmacists working overlapping hours?

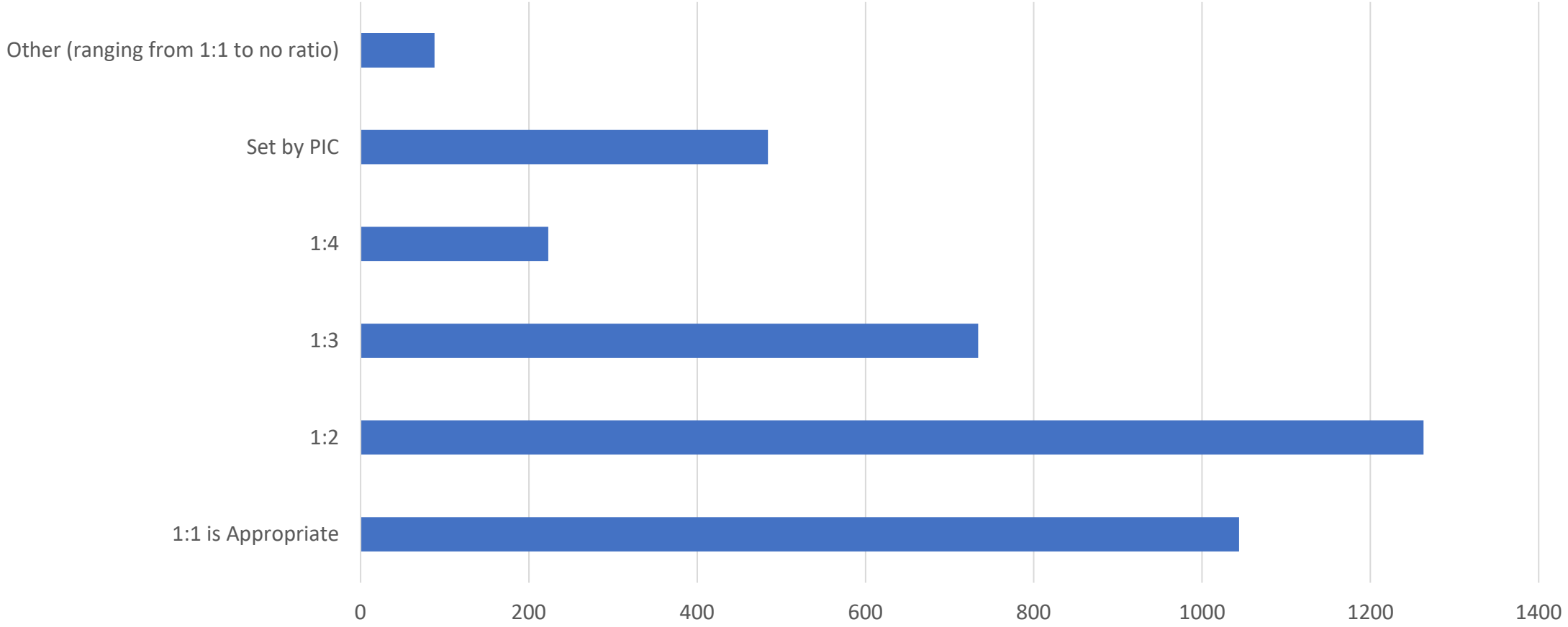


What is the average prescription volume during a typical day at your primary worksite?



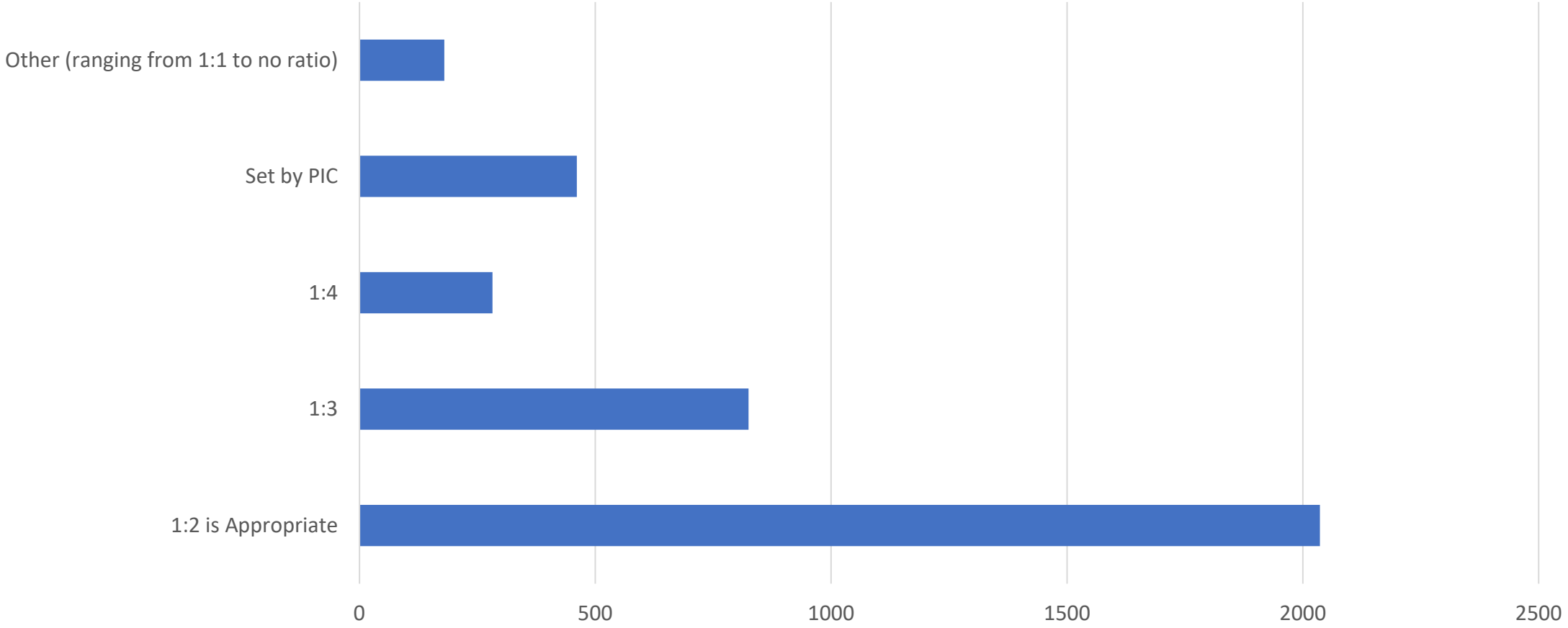
*419 did not respond

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



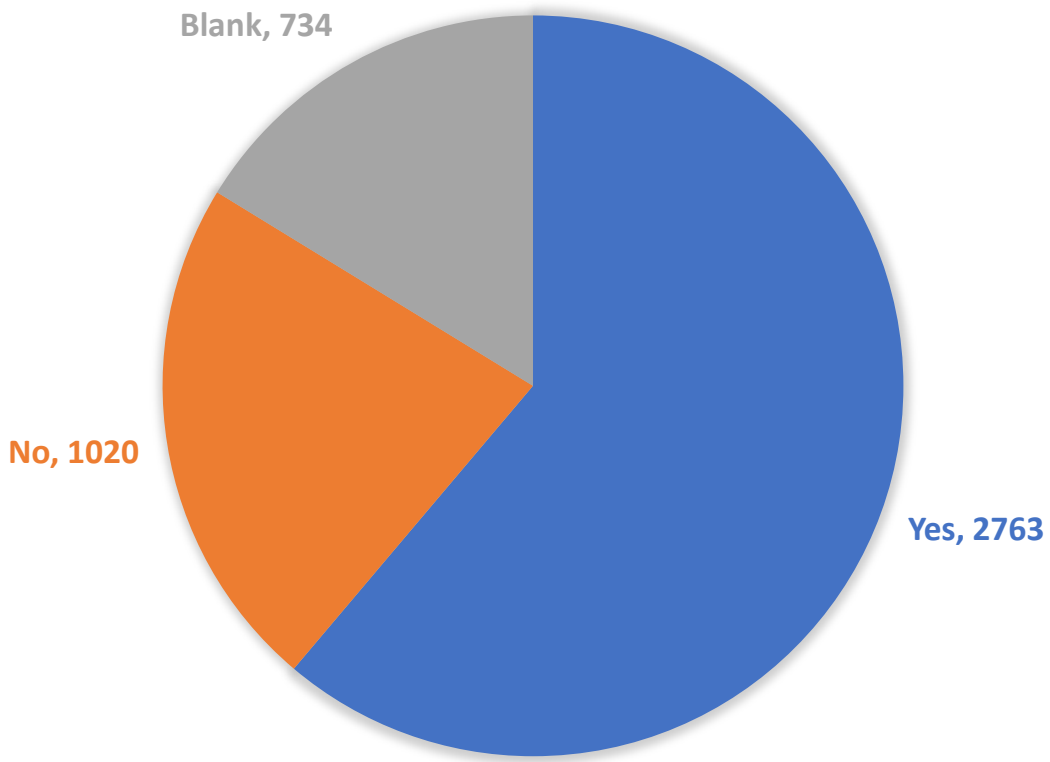
*681 did not respond

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



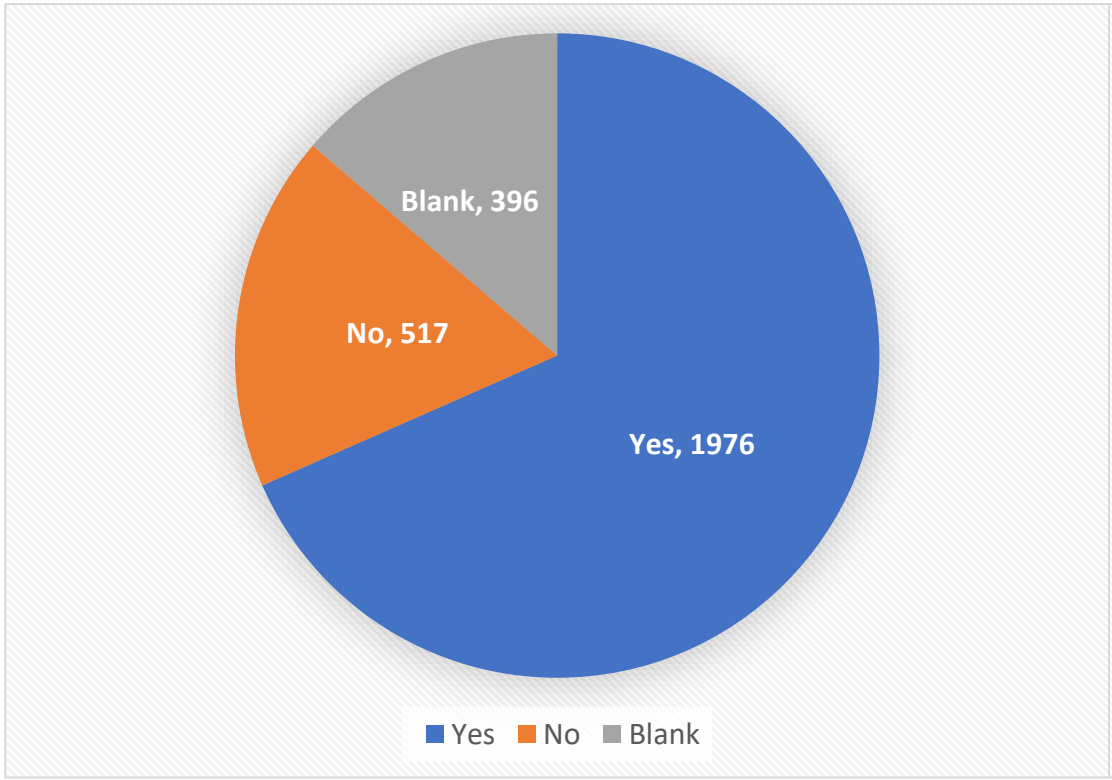
*733 did not respond

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

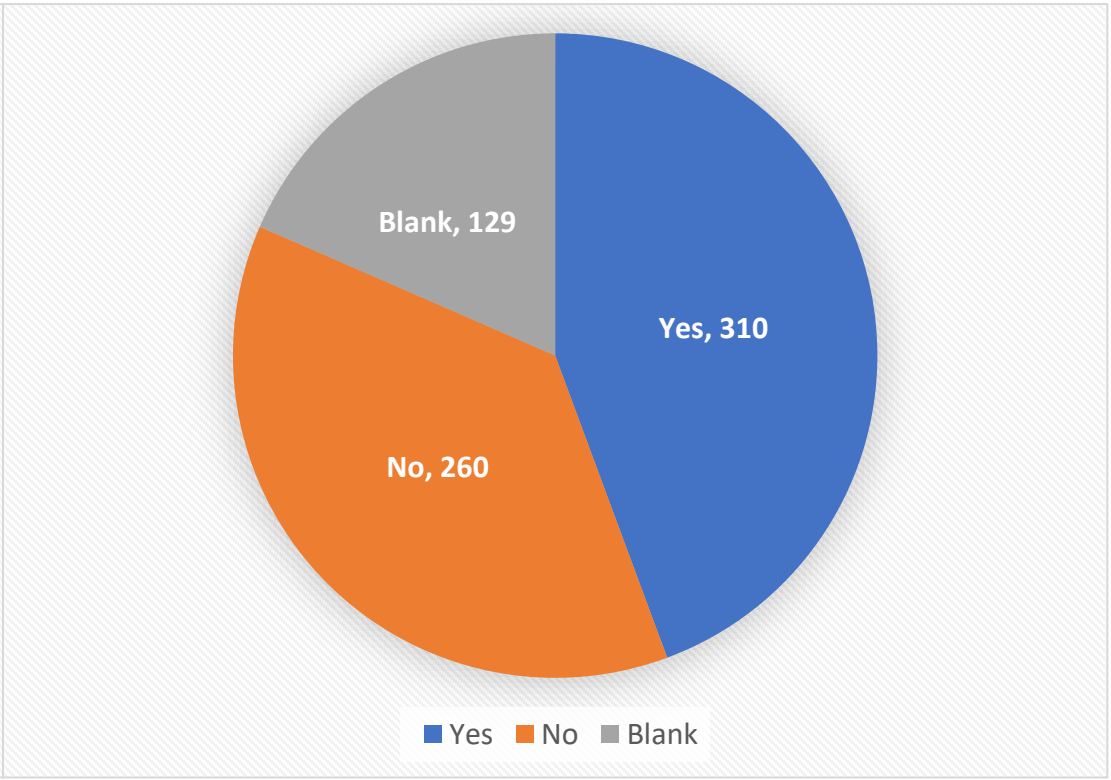


Responses by Worksite*

Community Chain and Non-Chain

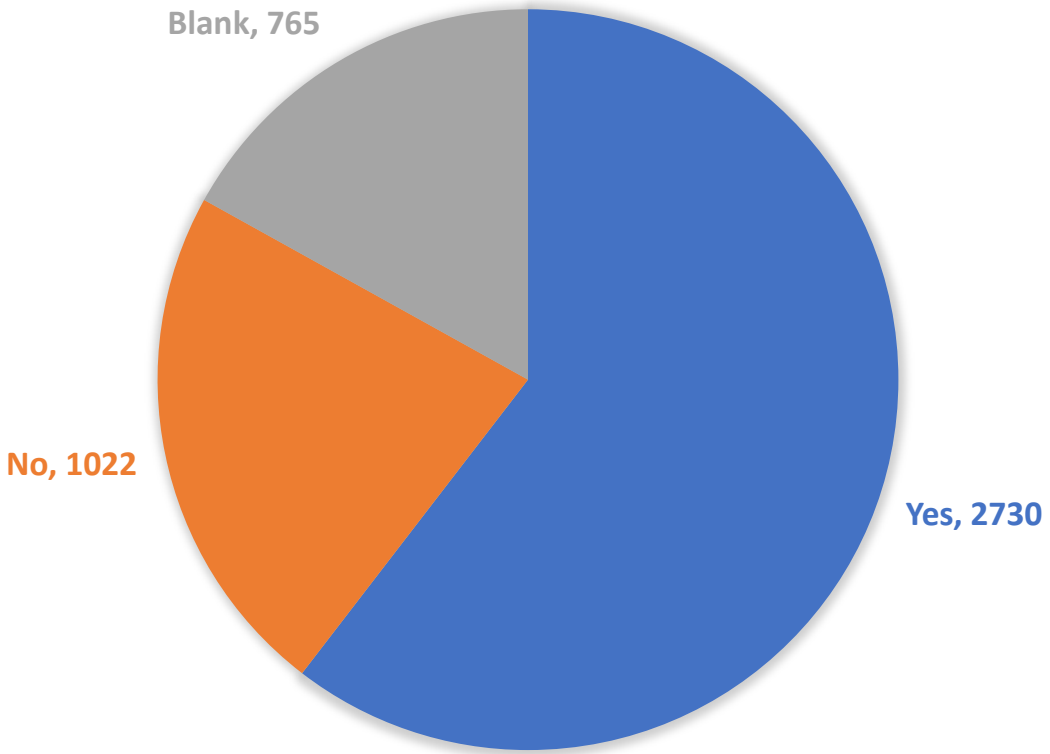


Inpatient Hospital

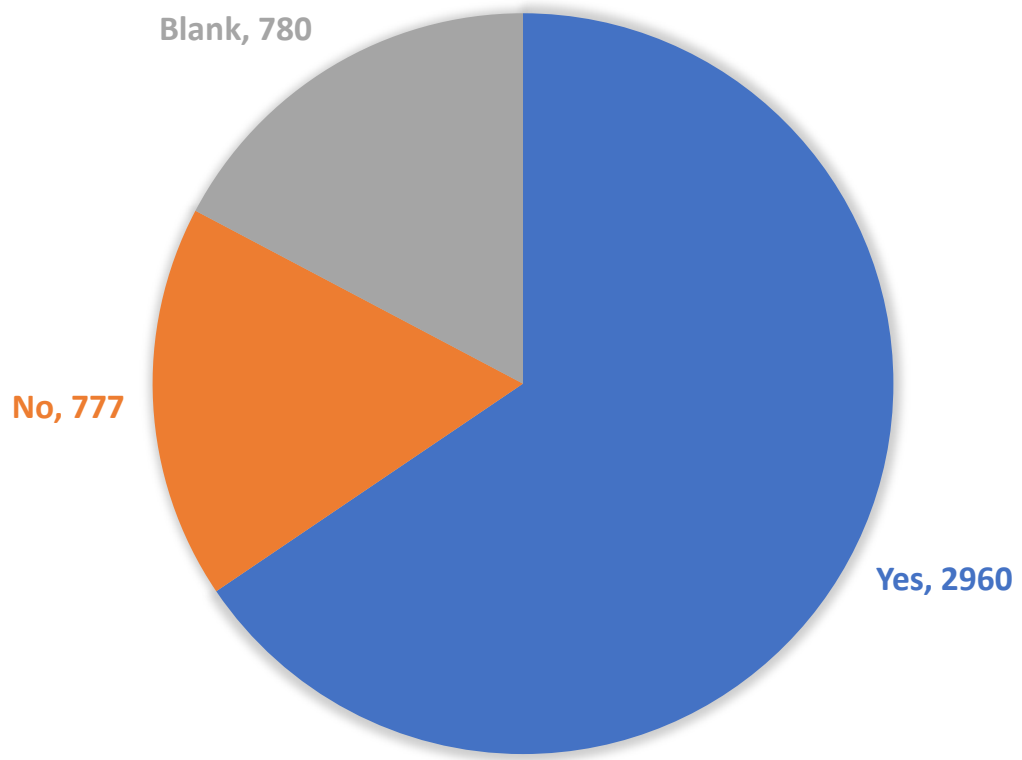


***This data accounts for 3,988 of the total 4517 respondents (88%)**

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



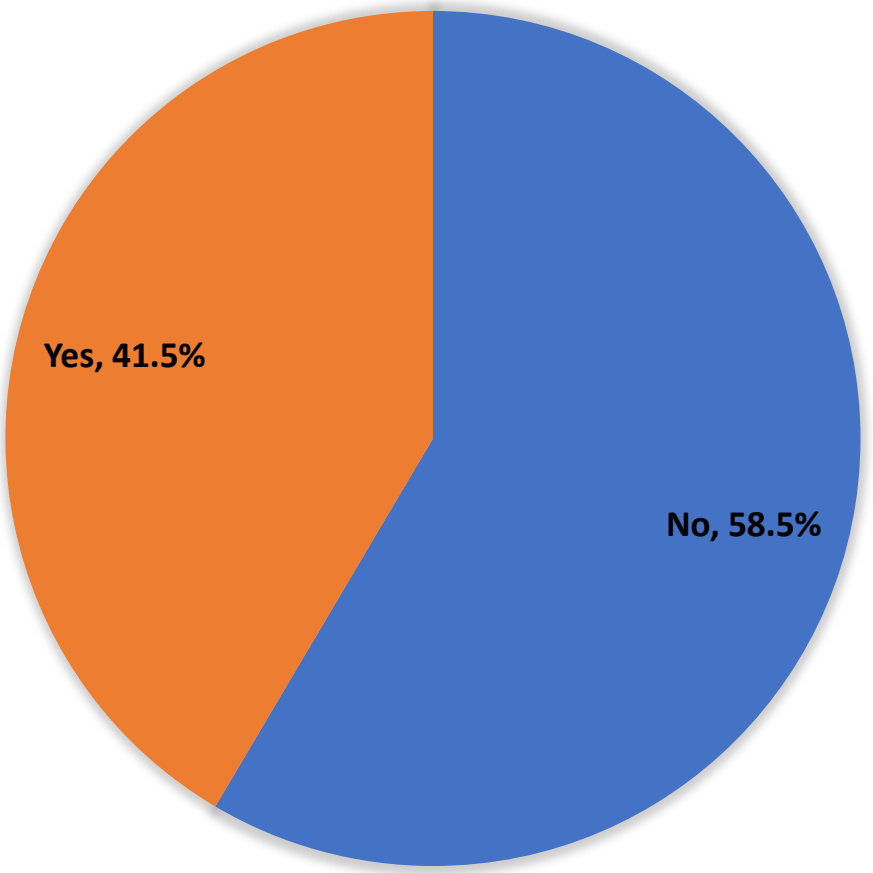
If there is an increase in the number of pharmacy technicians that can be supervised by a pharmacist, do you believe the pharmacist should have the authority to refuse to supervise the additional pharmacy technicians?



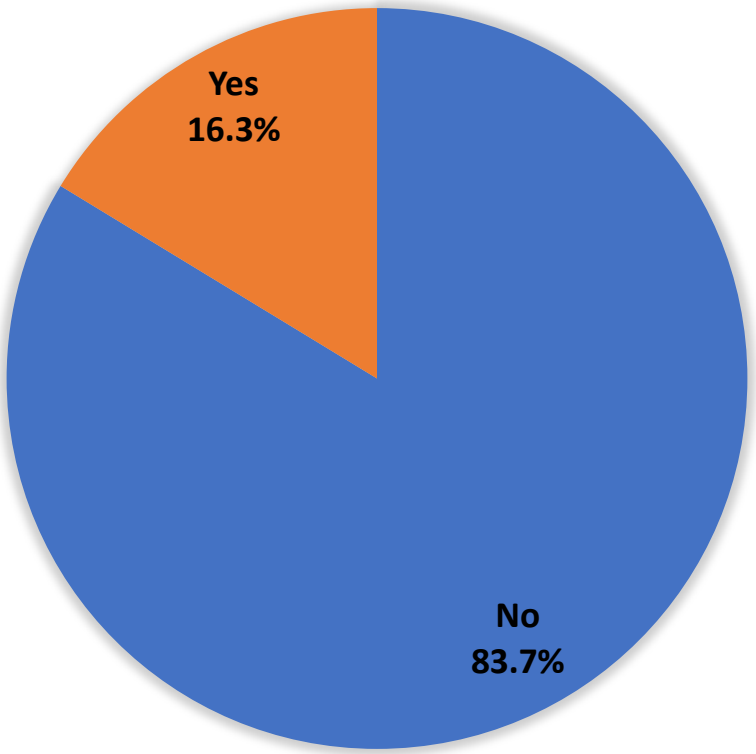
Are you in a management or administrative position for your employer (yes n=997)

and

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



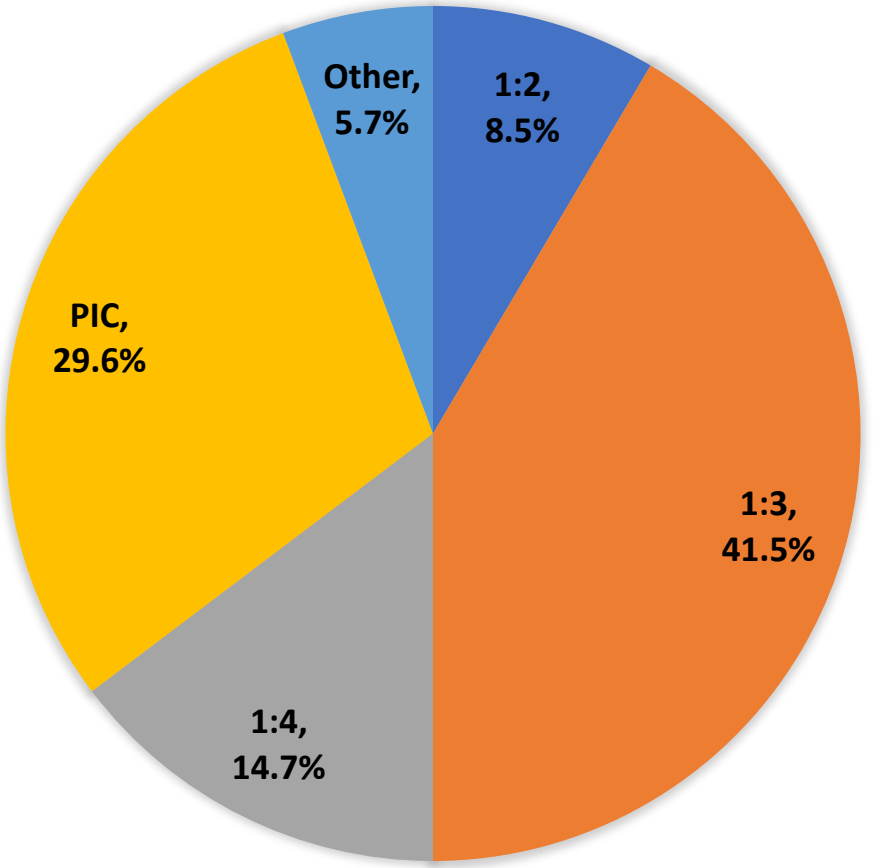
Are you in a management or administrative position for your employer (yes n=1,001)
and
Do you believe the current pharmacist to pharmacy technician ratio in the non-institutional setting (currently 1:1) is appropriate?



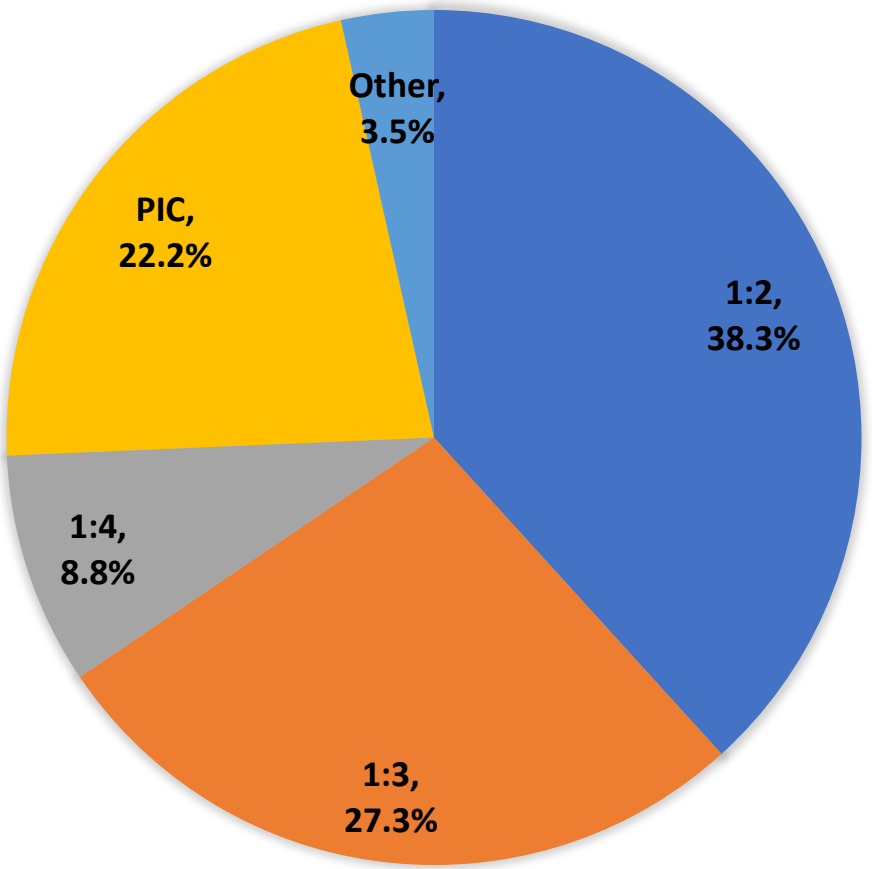
Are you in a management or administrative position for your employer (yes n=648)

and

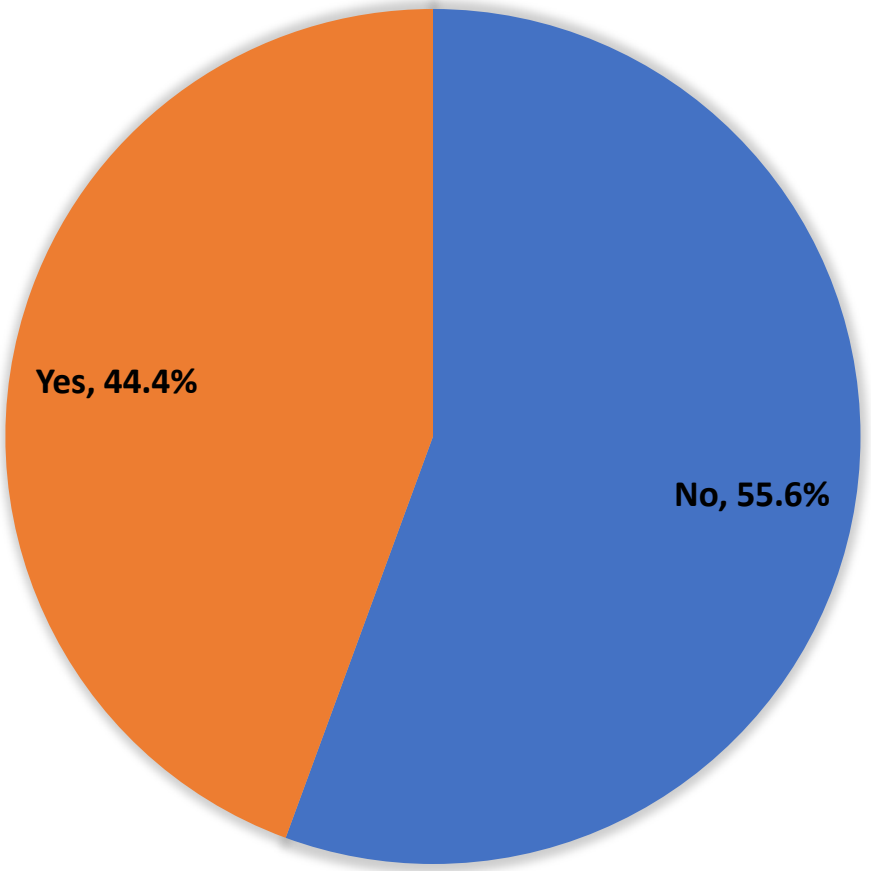
What is the appropriate ratio in an institutional setting. (Must have said 1:2 is not appropriate)



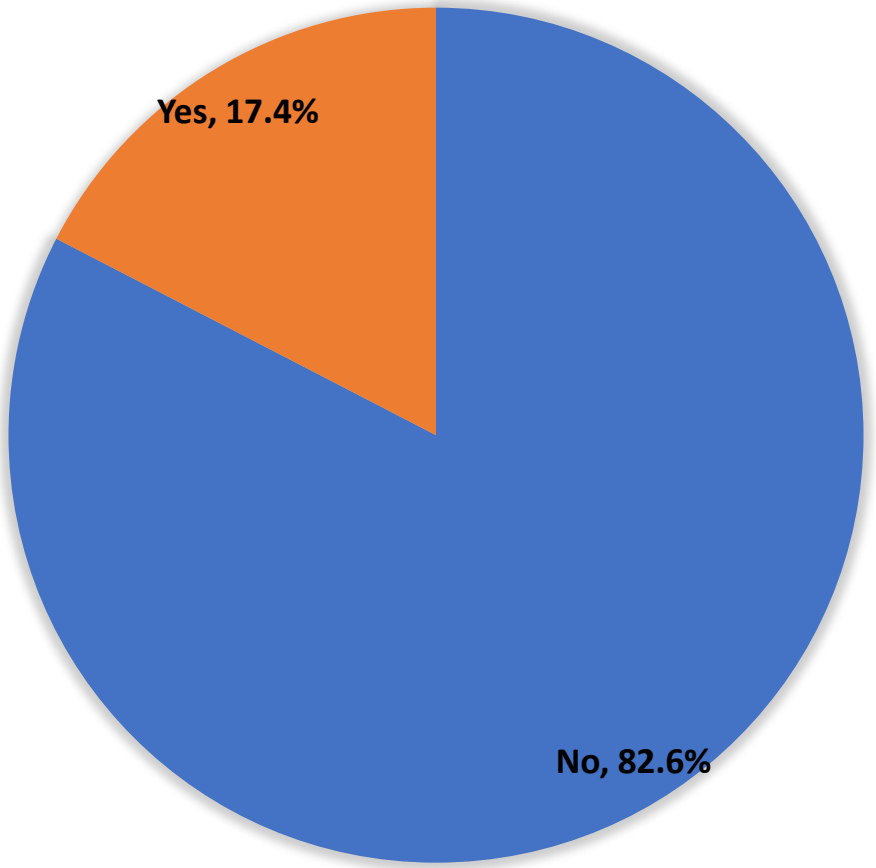
Are you in a management or administrative position for your employer (yes n=866)
and
What is the appropriate ratio in an non-institutional setting.
(Must have said 1:1 is not appropriate)



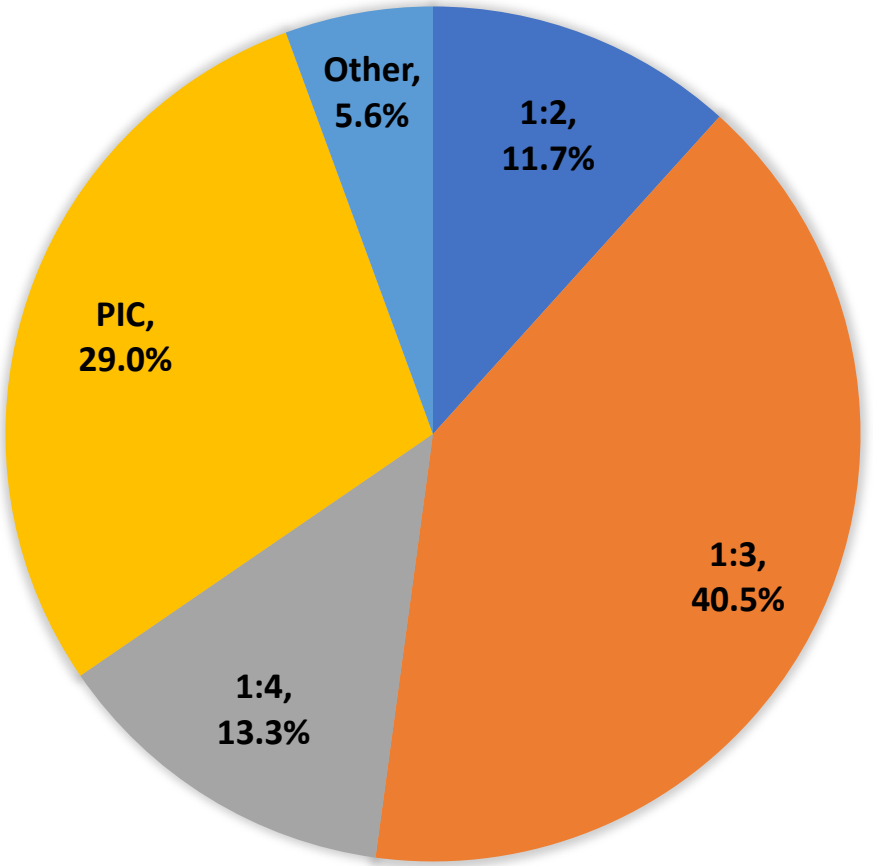
Are you the designated PIC at your primary worksite?
(yes n=1,393)
and
Do you believe the current pharmacist to pharmacy technician ratio in the institutional setting (currently 1:2) is appropriate



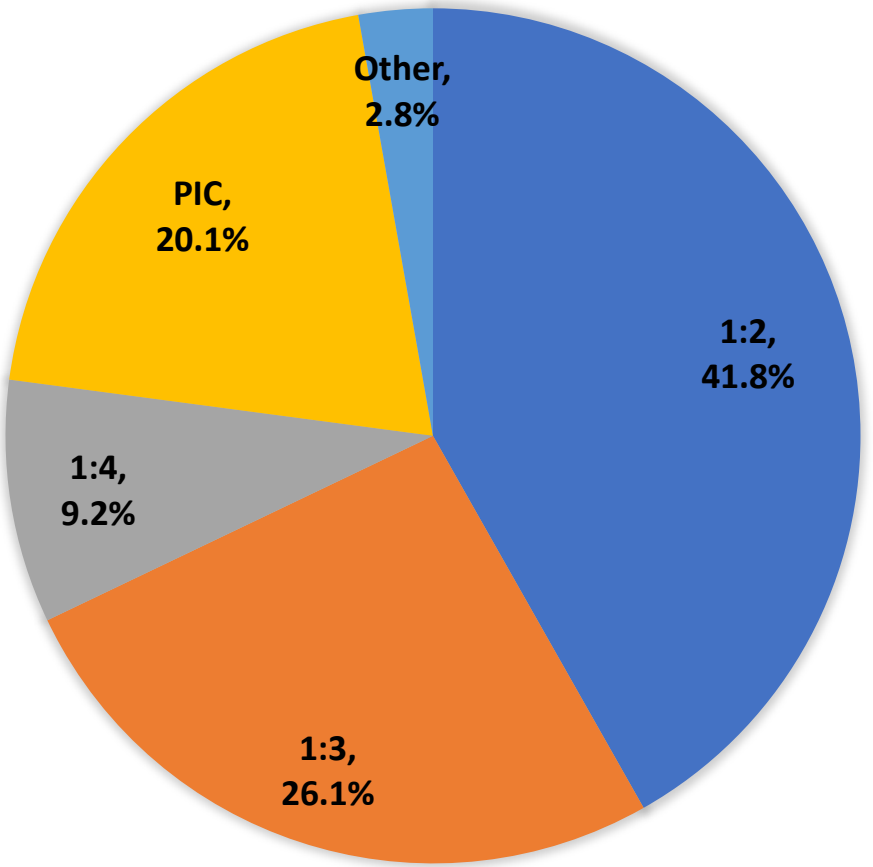
Are you the designated PIC at your primary worksite?
(yes n=1,403)
and
Do you believe the current pharmacist to pharmacy technician ratio in a non-institutional setting (currently 1:1) is appropriate?



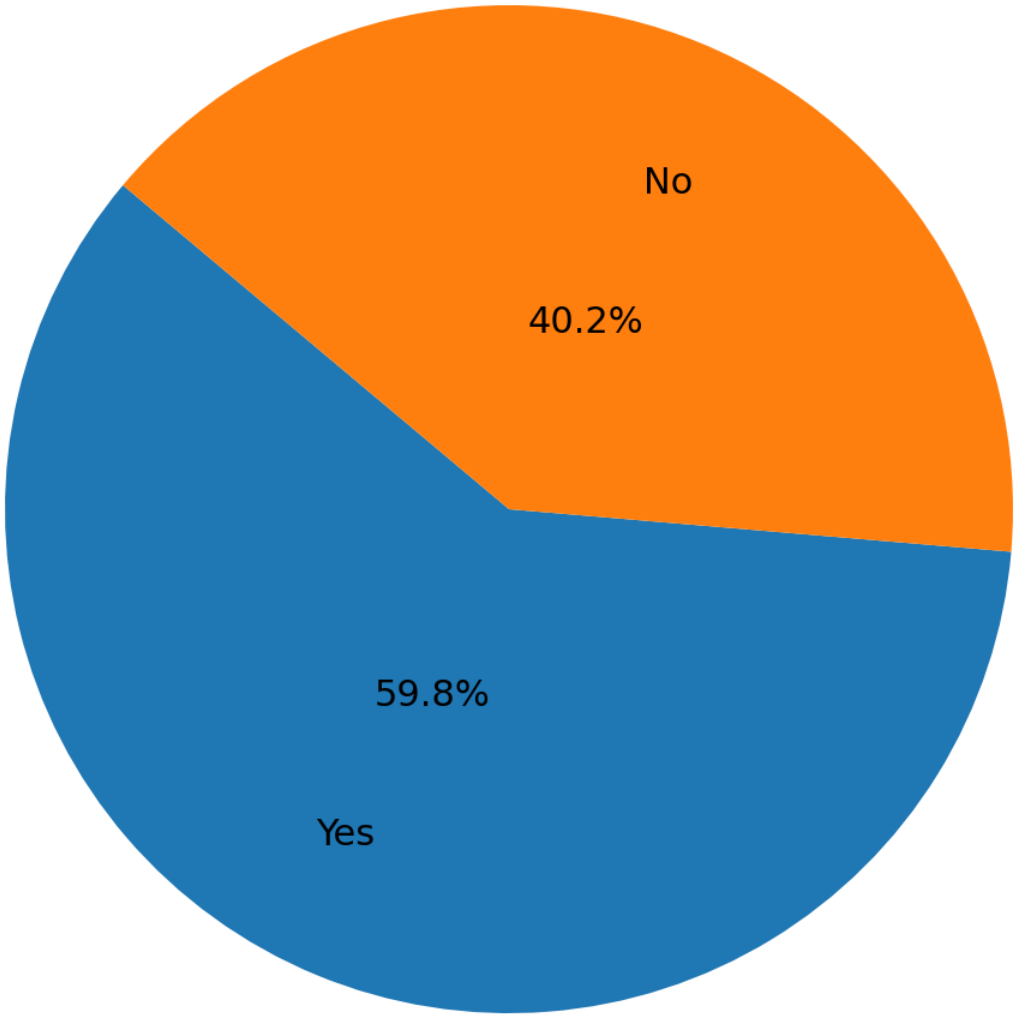
Are you the designated PIC at your primary worksite? (yes n=880) and What is the appropriate ratio in an institutional setting. (must have said 1:2 is not appropriate)



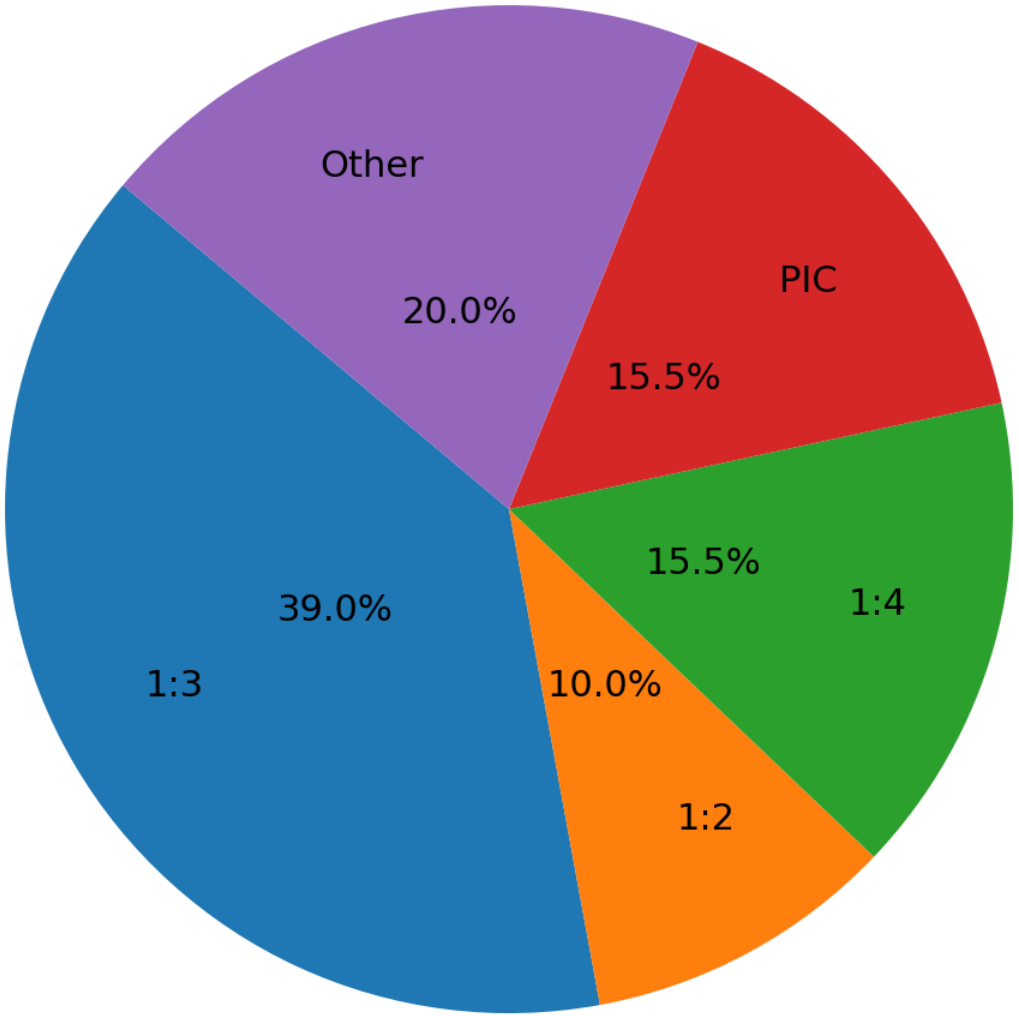
Are you the designated PIC at your primary worksite? (yes n=1,200) and What is the appropriate ratio in an non-institutional setting. (must have said 1:1 is not appropriate)



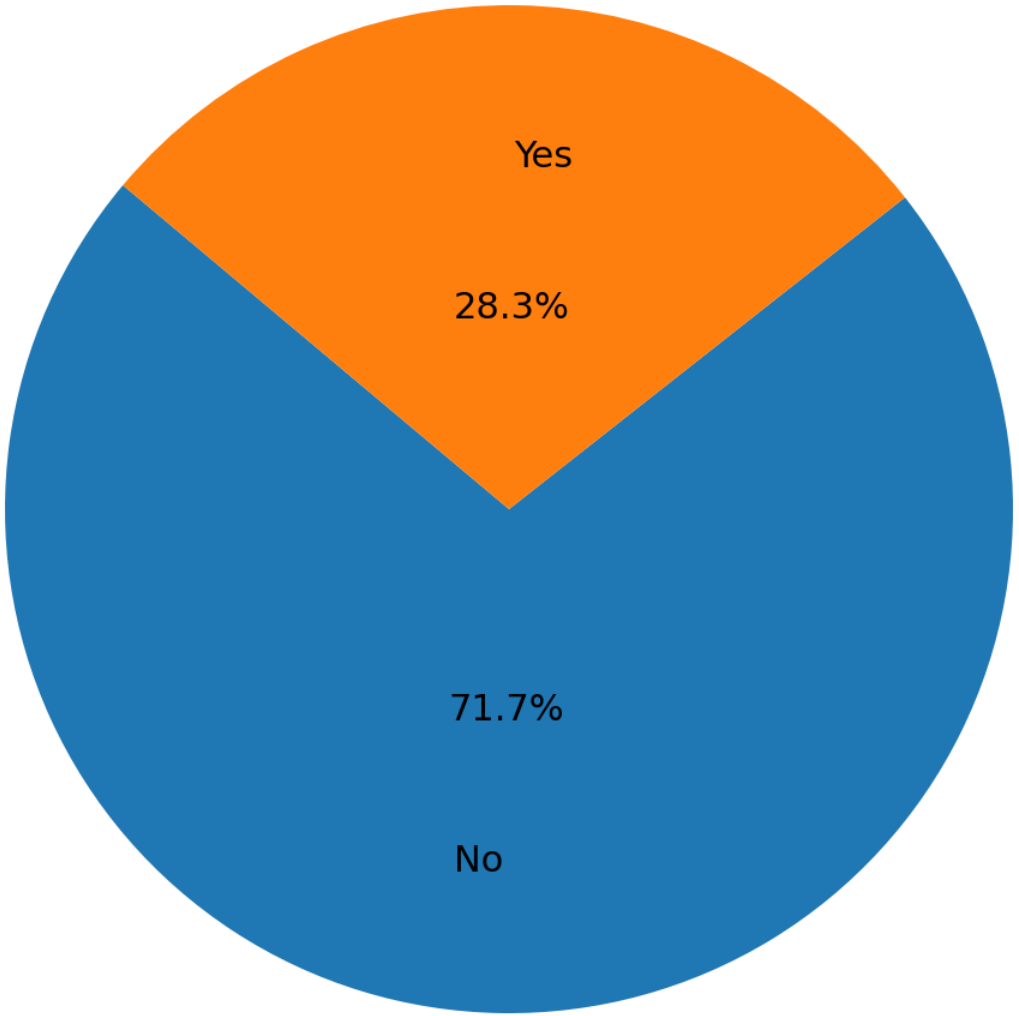
Pharmacists working in Institutional Setting
Not PIC or Manager
Current Ratio is Appropriate n=425



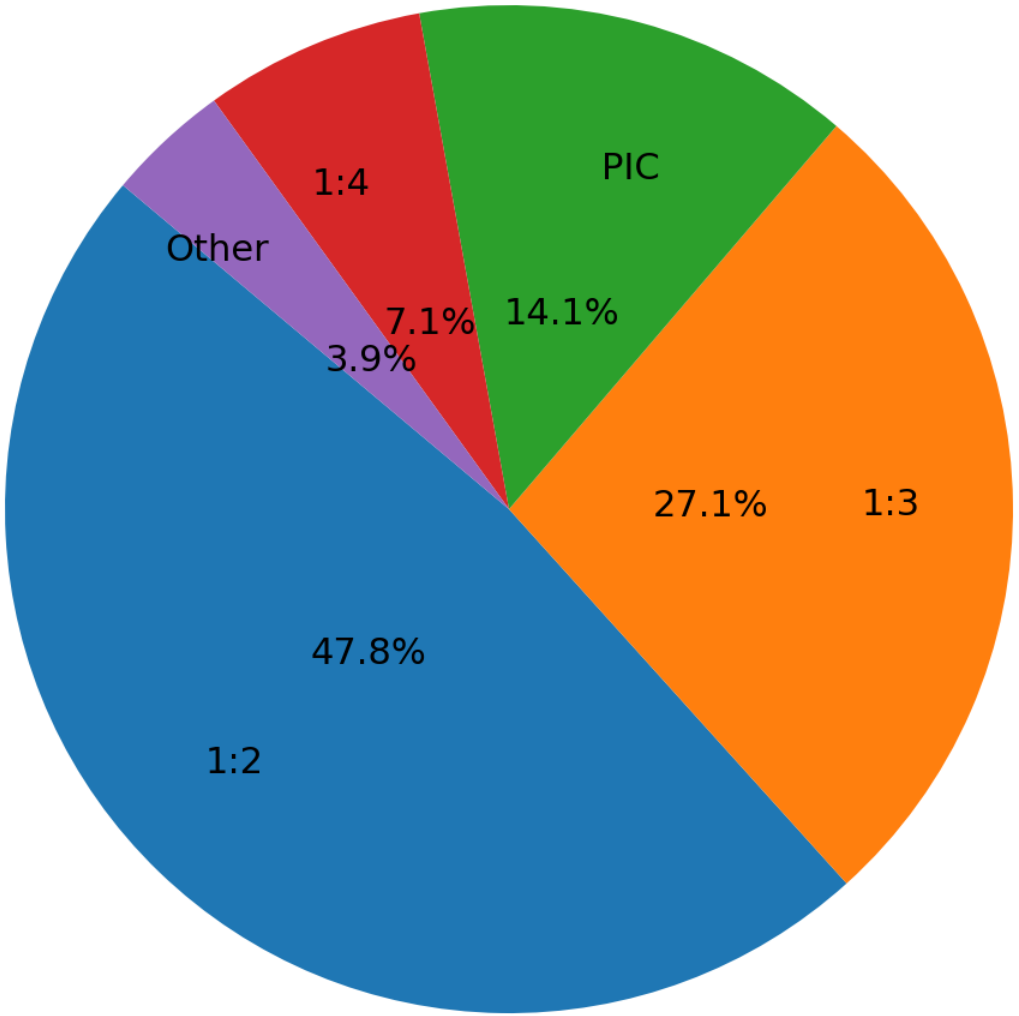
Pharmacists working in Institutional Setting
Not PIC or Manager
Current Ratio is Not appropriate n=200



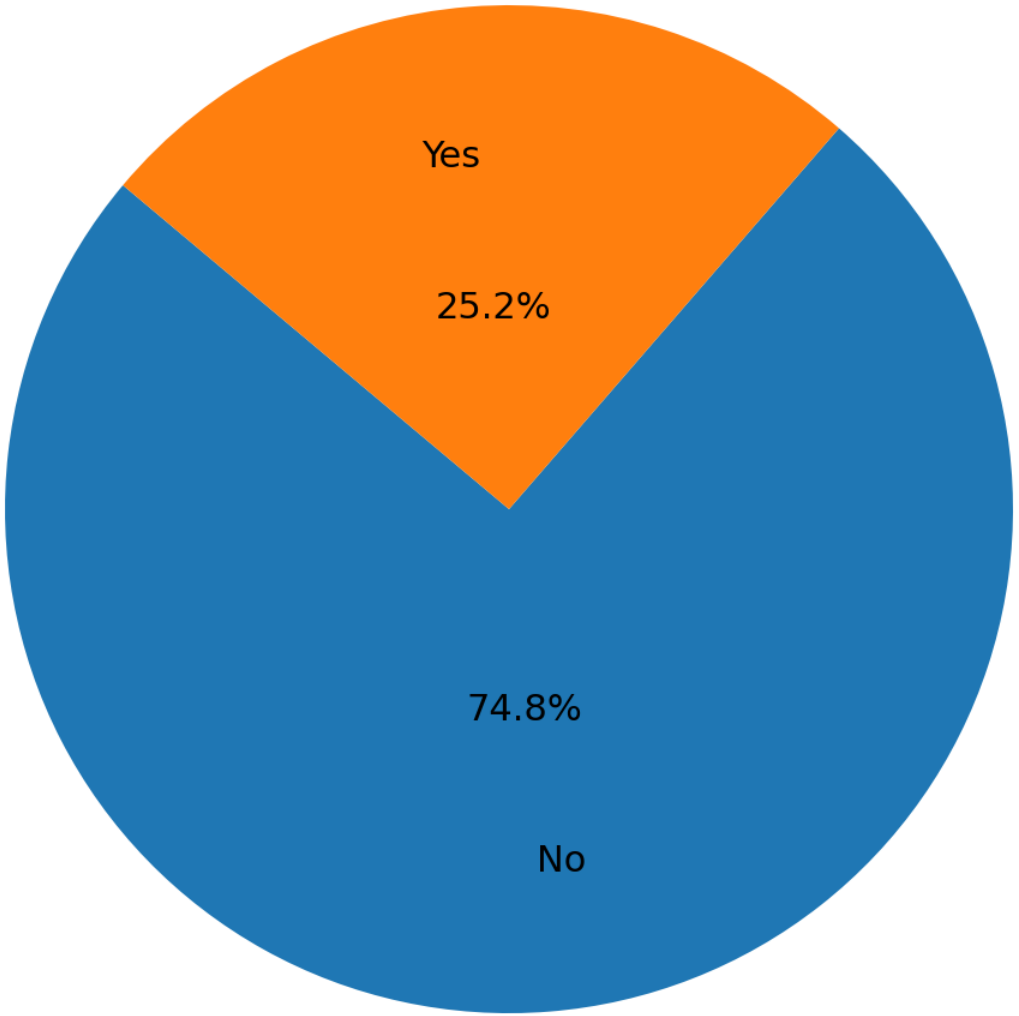
Pharmacists working in Non-Institutional (Combined)
Not PIC or Manager
Current Ratio is appropriate n=1390



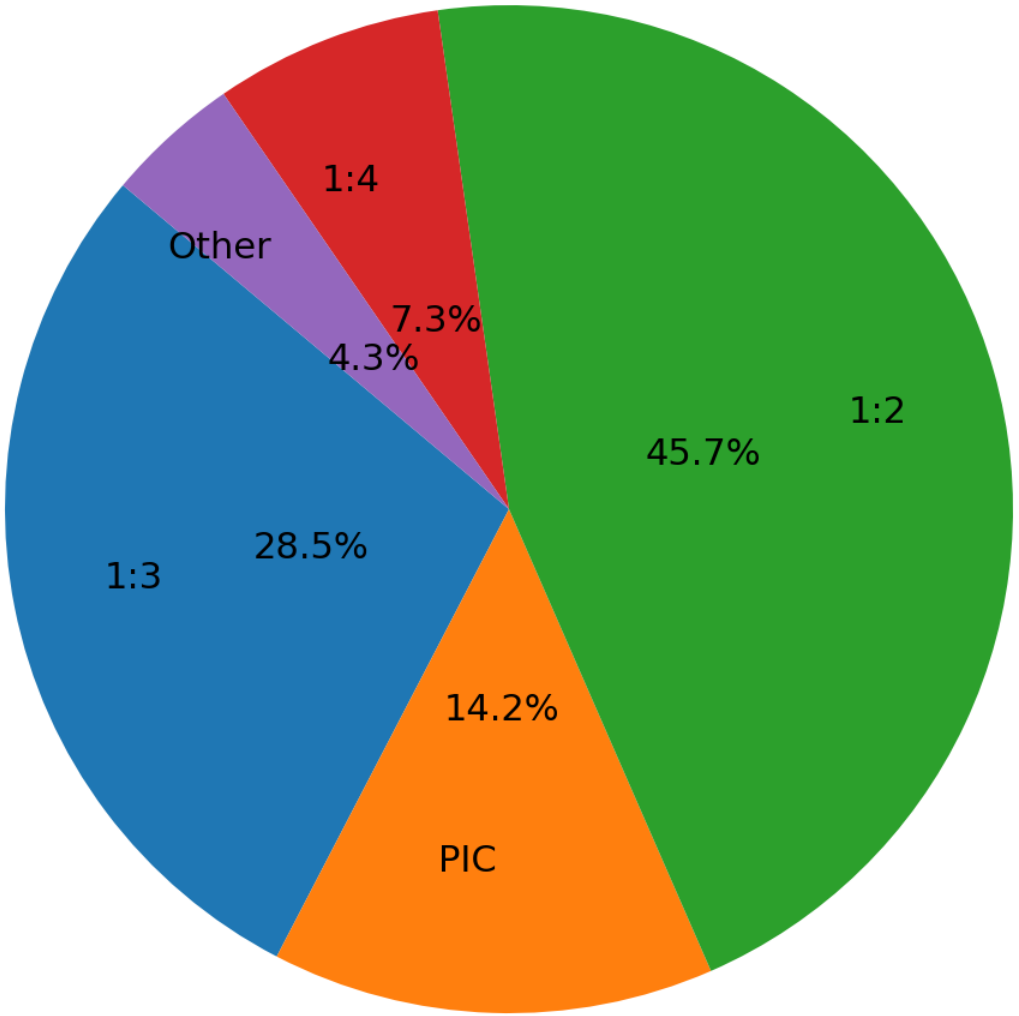
Pharmacists working in Non-Institutional (Combined)
Not PIC or Manager
Current Ratio is NOT appropriate n=1042



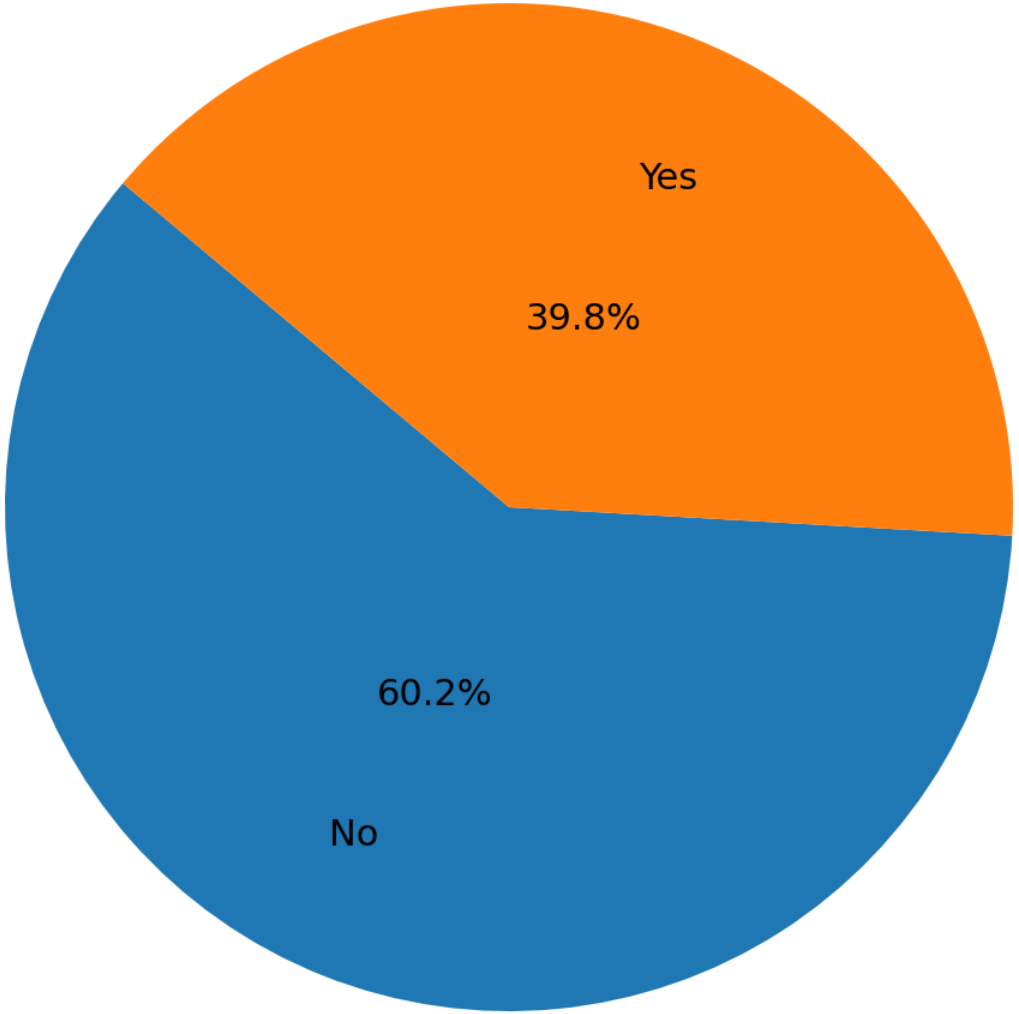
Pharmacists working in Non-Institutional (CHAIN)
Not PIC or Manager
Current Ratio is appropriate n=1101



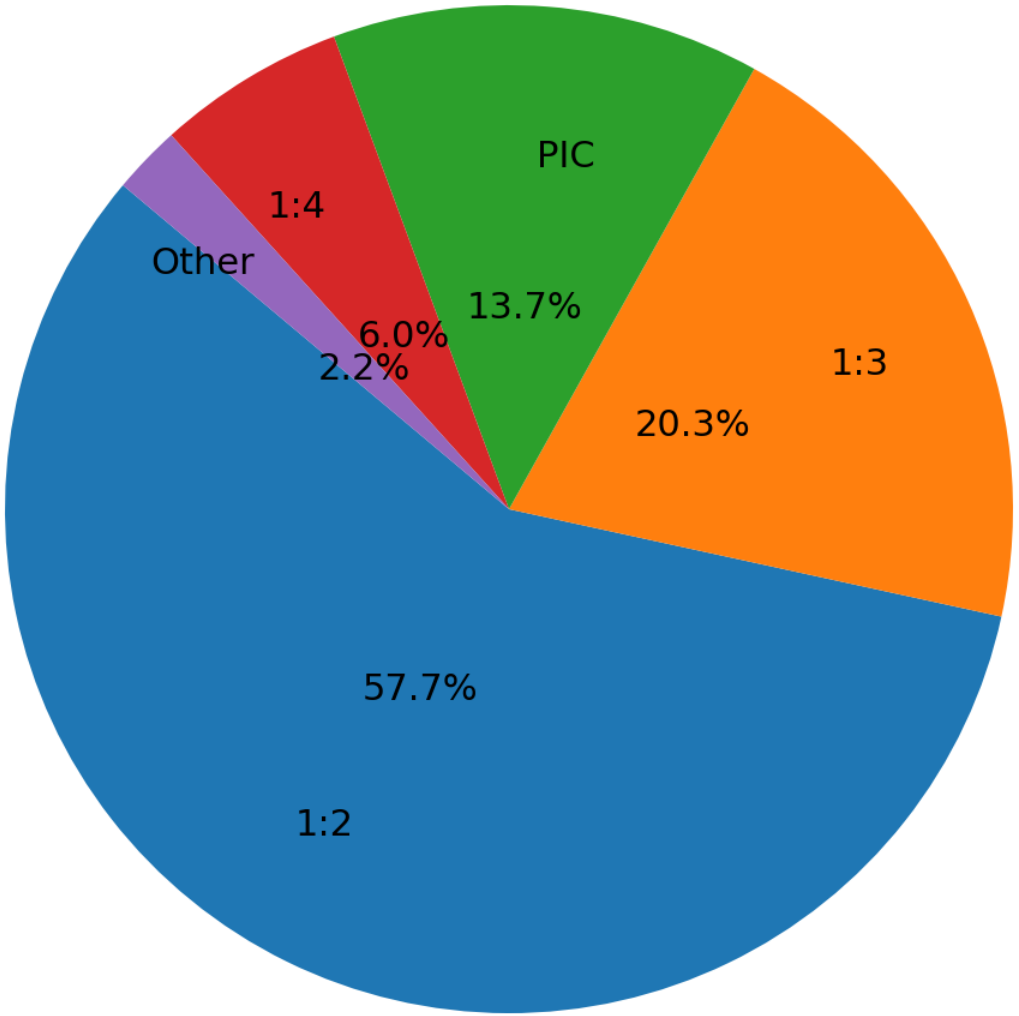
Pharmacists working in Non-Institutional (CHAIN)
Not PIC or Manager
Current Ratio is NOT appropriate n=860



Pharmacists working in Non-Institutional (NON-CHAIN)
Not PIC or Manager
Current Ratio is appropriate n=289



Pharmacists working in Non-Institutional (NON-CHAIN)
Not PIC or Manager
Current Ratio is NOT appropriate n=182



Proposal to Amend BPC Section 4115 as follows.

(a) A pharmacy technician may perform packaging, manipulative, repetitive, or other nondiscretionary tasks only while assisting, and while under the direct supervision and control of, a pharmacist. The pharmacist shall be responsible for the duties performed under their supervision by a technician.

(b) (1) In addition to the tasks specified in subdivision (a) a pharmacy technician may, under the direct supervision and control of a pharmacist, prepare and administer influenza and COVID-19 vaccines via injection or intranasally, prepare and administer epinephrine, perform specimen collection for tests that are classified as waived under CLIA, receive prescription transfers, and accept clarification on prescriptions under the following conditions:

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

(B) The pharmacy technician is certified pursuant to paragraph (4) of subdivision (a) of Section 4202 and maintains that certification.

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

(D) The pharmacy technician is certified in basic life support.

(2) "CLIA" means the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a; Public Law 100-578).

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

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

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

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

(g) (1) A pharmacy with only one pharmacist shall have no more than ~~one~~ two pharmacy technicians performing the tasks specified in subdivision (a). A pharmacy with only one pharmacist shall have no more than one pharmacy

technician performing the tasks specified in subdivision (b). If a pharmacy technician is performing the tasks specified in subdivision (b), a second pharmacy technician shall be assisting a pharmacist with performing tasks specified in subdivision (a). ~~The ratio of pharmacy technicians performing the tasks specified in subdivision (a) to any additional pharmacist shall not exceed 2:1, except that~~ ~~this~~This ratio shall not apply to personnel performing clerical functions pursuant to Section 4116 or 4117. This ratio is applicable to all practice settings, except for an inpatient of a licensed health facility, a patient of a licensed home health agency, as specified in paragraph (2), an inmate of a correctional facility of the Department of Corrections and Rehabilitation, and for a person receiving treatment in a facility operated by the State Department of State Hospitals, the State Department of Developmental Services, or the Department of Veterans Affairs. The Board may adopt regulations establishing for different community pharmacy practice settings a ratio different than those established in this paragraph.

(2) The board may adopt regulations establishing the ratio of pharmacy technicians performing the tasks specified in subdivision (a) to pharmacists applicable to the filling of prescriptions of an inpatient of a licensed health facility and for a patient of a licensed home health agency. Any ratio established by the board pursuant to this subdivision shall allow, at a minimum, at least one pharmacy technician for a single pharmacist in a pharmacy and two pharmacy technicians for each additional pharmacist, except that this ratio shall not apply to personnel performing clerical functions pursuant to Section 4116 or 4117.

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

(h) Notwithstanding subdivisions (a) to (c), inclusive, the board shall by regulation establish conditions to permit the temporary absence of a pharmacist for breaks and lunch periods pursuant to Section 512 of the Labor Code and the orders of the Industrial Welfare Commission without closing the

pharmacy. During these temporary absences, a pharmacy technician may, at the discretion of the pharmacist, remain in the pharmacy but may only perform nondiscretionary tasks. The pharmacist shall be responsible for a pharmacy technician and shall review any task performed by a pharmacy technician during the pharmacist's temporary absence. This subdivision shall not be construed to authorize a pharmacist to supervise pharmacy technicians in greater ratios than those described in subdivision (g).

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

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

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

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

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

Attachment 3

Proposed Amendments Related to Retired Pharmacist License

Business and Professions Code Section 4200.5 is amended as follows:
4200.5.

(a) The board shall issue, upon application and payment of the fee established by Section 4400, a retired license to a pharmacist who has been licensed by the board. The board shall not issue a retired license to a pharmacist whose license has been revoked.

(b) The holder of a retired license issued pursuant to this section shall not engage in any activity for which an active pharmacist's license is required. A pharmacist holding a retired license shall be permitted to use the titles "retired pharmacist" or "pharmacist, retired."

(c) The holder of a retired license shall not be required to renew that license.

(d) The holder of a retired license may request to restore their pharmacist license to active status within three years of issuance of the retired license. Such a request must be accompanied by the renewal fee established by Section 4400(e) and demonstration that, within the two years preceding the request for restoration, the pharmacist has successfully completed continuing education consistent with the requirements set forth in Section 4231(b).

(e) If more than three years have elapsed since the issuance of the retired license, ~~I~~in order for the holder of a retired license issued pursuant to this section to restore their ~~his or her~~ license to active status, they~~he or she~~ shall be required to reapply for licensure as a pharmacist as consistent with the provisions of 4200. ~~pass the examination that is required for initial licensure with the board.~~

Attachment 4

ARTICLE 7. Pharmacies [4110 - 4126.10]
(Article 7 added by Stats. 1996, Ch. 890, Sec. 3.)

4115.
(a) A pharmacy technician may perform packaging, manipulative, repetitive, or other nondiscretionary tasks only while assisting, and while under the direct supervision and control of, a pharmacist. The pharmacist shall be responsible for the duties performed under their supervision by a technician.

(b) (1) In addition to the tasks specified in subdivision (a) a pharmacy technician may, under the direct supervision and control of a pharmacist, prepare and administer influenza and COVID-19 vaccines via injection or intranasally, prepare and administer epinephrine, perform specimen collection for tests that are classified as waived under CLIA, receive prescription transfers, and accept clarification on prescriptions under the following conditions:

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

(B) The pharmacy technician is certified pursuant to paragraph (4) of subdivision (a) of Section 4202 and maintains that certification.

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

(D) The pharmacy technician is certified in basic life support.

(2) "CLIA" means the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a; Public Law 100-578).

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

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

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

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

(g) (1) A pharmacy with only one pharmacist shall have no more than one pharmacy technician performing the tasks specified in subdivision (a). A pharmacy with only one pharmacist shall have no more than one pharmacy technician performing the tasks

specified in subdivision (b). If a pharmacy technician is performing the tasks specified in subdivision (b), a second pharmacy technician shall be assisting a pharmacist with performing tasks specified in subdivision (a). The ratio of pharmacy technicians performing the tasks specified in subdivision (a) to any additional pharmacist shall not exceed 2:1, except that this ratio shall not apply to personnel performing clerical functions pursuant to Section 4116 or 4117. This ratio is applicable to all practice settings, except for an inpatient of a licensed health facility, a patient of a licensed home health agency, as specified in paragraph (2), an inmate of a correctional facility of the Department of Corrections and Rehabilitation, and for a person receiving treatment in a facility operated by the State Department of State Hospitals, the State Department of Developmental Services, or the Department of Veterans Affairs.

(2) The board may adopt regulations establishing the ratio of pharmacy technicians performing the tasks specified in subdivision (a) to pharmacists applicable to the filling of prescriptions of an inpatient of a licensed health facility and for a patient of a licensed home health agency. Any ratio established by the board pursuant to this subdivision shall allow, at a minimum, at least one pharmacy technician for a single pharmacist in a pharmacy and two pharmacy technicians for each additional pharmacist, except that this ratio shall not apply to personnel performing clerical functions pursuant to Section 4116 or 4117.

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

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

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

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

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

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

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

(k) Notwithstanding the definition of a pharmacy technician in 4038(a), a pharmacy technician may, outside of a licensed pharmacy, perform compounding activities only under the direct supervision and control of a pharmacist. The board shall be notified in writing by the supervising pharmacist of the location where such compounding activities occur.

Attachment 5

CENTRAL FILL PHARMACIES

JULY 2024

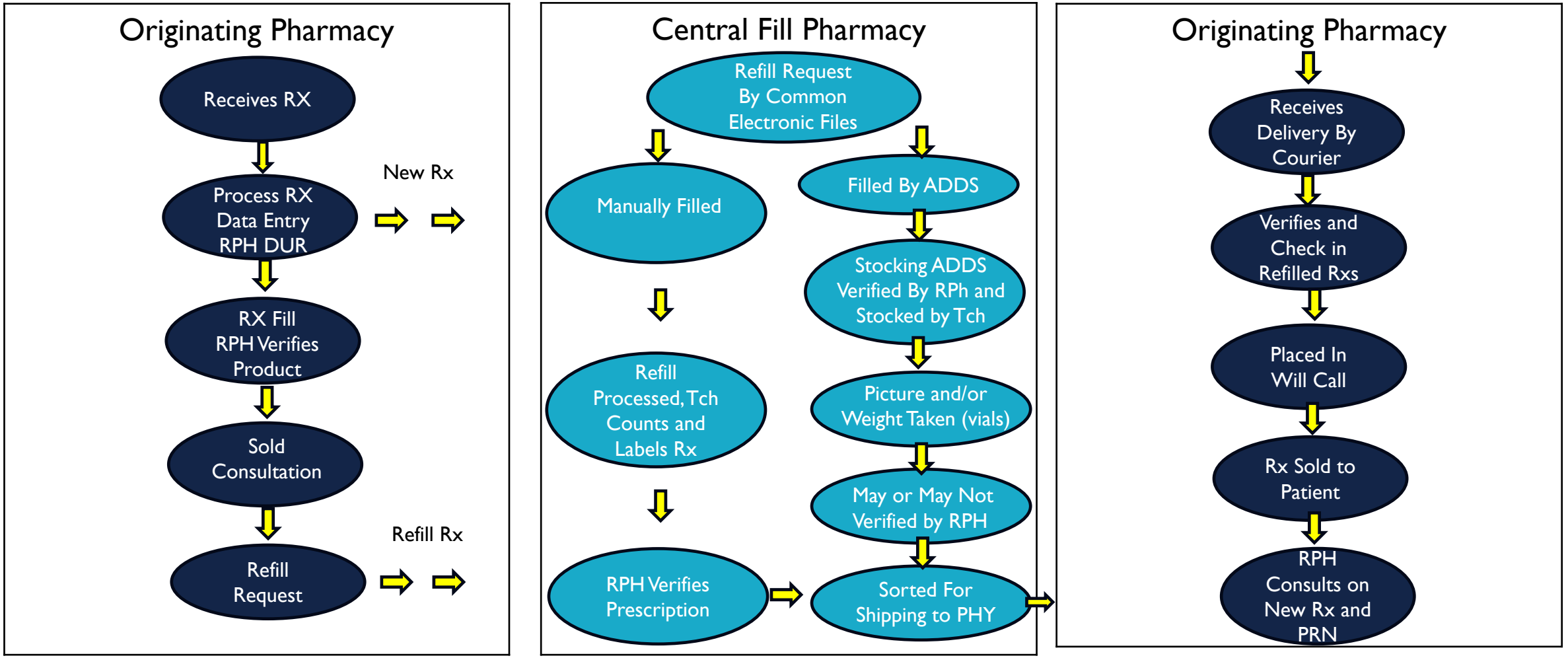
CALIFORNIA STATE BOARD OF PHARMACY

CURRENT PHARMACY LAW

CCR 1707.4 – Procedures for Refill Pharmacies

- (a) Pharmacy licensed by the board may process a request for refill of a prescription received by a pharmacy within this state
  - (1) The pharmacy that is to refill the prescription either has a contract with the pharmacy which received the prescription or has the same owner as the other pharmacy
  - (2) The prescription container
    - is clearly labeled with all information required by BPC 4076.
    - Clearly shows the name and address of the pharmacy filling the prescription and/or the name and address of the pharmacy which receives the refilled prescription for dispensing to the patient
  - (3) The patient is provided with written information, either on the prescription label or with the prescription container, that describes which pharmacy to contact if the patient has any questions about the prescription or medication.
  - (4) Both pharmacies maintain complete and accurate records of the refill.
    - Name of the pharmacist who refilled the prescription.
    - Name of the pharmacy refilling the prescription.
    - The name of the pharmacy that received the refill request.
  - (5) The pharmacy which refills the prescription and the pharmacy to which the refilled prescription is provided for dispensing to the patient shall each be responsible for ensuring the order has been properly filled.
  - (6) The originating pharmacy is responsible for the compliance with the requirements set forth in CCR 1707.1, 1707.2 and 1707.3.
- (b) Nothing in this section shall be construed as barring a pharmacy from also filling new prescriptions presented by a patient or a patient's agent or transmitted to it by a prescriber.

General Overview



CENTRAL FILL PHARMACIES INSPECTED

Central Fill Pharmacies in California
2 – Northern California
1 – Central California
3 - Southern California

Type of Central Fill Pharmacy
3 – Serviced Community Pharmacies
1 – Serviced Correctional Facility Pharmacies
2 - Serviced Long Term Care Pharmacies

GENERAL INFORMATION

	Community Pharmacy	Specialty & Correctional Facility Pharmacy	LTC Pharmacy
LOCATION OF ORIGINATING PHARMACY (IN STATE, OUT OF STATE)	• CA and Licensed in Other States	• CA only	• CA and Other State
AVERAGED # OF PRESCRIPTIONS DISPENSED	• 10,000 – 13,000 Rxs/Day	• Rxs/Day • 7000 Rx/Week or 1000 Rx/Day	• Services prescriptions for 60 - 300 facilities. 1400 – 3000 Rxs/Day
# OF DAYS IN OPERATION	• 6 – 7 days/week	• 5 – 6 days/week	• 24 hours / 7 days
TYPE OF FILL (NEW, REFILL)	• New, Refills	• New, Refills	• Refills for cycles

STAFFING

	Community Pharmacy	Specialty & Correctional Facility Pharmacy	LTC Pharmacy
# OF PHARMACISTS (AVERAGE OR DURING INSPECTION)	• 5-10 RPH/Day	• 5 – 10 RPH/Day	• 5 - 6 During Inspection
# OF PHARMACY TECHNICIANS (AVERAGE OR DURING INSPECTION)	• 8 - 20 TCH/Day	• 11 – 21 TCH/Day	• 8 - 9 During Inspection

FULFILLMENT PROCESS

	Community Pharmacy	Specialty & Correctional Facility Pharmacy	LTC Pharmacy
TYPE OF PACKAGING / CONTAINER USED	• Vials	• Vials and original manufacture container • Bubble Cards / Strip Packs	• Bubble Cards, Strip Packs
HOW INVENTORY IS ACQUIRED	• Drug Wholesaler	• Wholesalers and Pharmacies • FDA Repackager	• Wholesalers and Repackager
TYPE OF MEDICATIONS DISPENSED	• Noncontrolled substance tablets and capsules; inhalers, creams, ointments, birth control. No specialty and pet only drugs.	• Slow moving expensive drugs • Noncontrolled substance tablets and capsules.	• Noncontrolled substances; controlled substances; ointments, creams, birth control; no specialty drugs.
ARE CONTROLLED SUBSTANCES DISPENSED	• No	• No	• Yes
ARE REFRIGERATED DRUGS DISPENSED	• Depended on the pharmacy	• No	• Yes

TYPE OF DISPENSING PROCESSES USED IN CENTRAL FILL PHARMACIES

TYPE OF ADDS:	DESCRIPTION:	EXAMPLES:
Manual Dispensing	Counts tablets only	Kirby Lester
ADDS Cabinet Style	Automated dispensing built as a cabinet housing canisters of drugs. Counts and Labels Prescription Container	Yuyama ScriptPro Parata
ADDS Modular Style	Automated dispensing with use of robotic arm to fill vials and bubble cards	IA Smart (Vials OnDemand Omnicell TCGRx (bubble cards)

FULLFILLMENT PROCESS (CONTINUE)

	Community Pharmacy	Specialty & Correctional Facility Pharmacy	LTC Pharmacy
METHOD(S) OF DISPENSING (ADDS, MANUAL)	• ADDS, Manual	• ADDS, Manual • ADDS for bubble card and Strip Pack (unit dose packaging, non-patient specific)	• ADDS, Manual
TYPE OF TECHNOLOGY USED	• Parata Uber, Parata Express, Kalish, Arxium, Kirby Lester for manual fill	• Parata Max 2; Kirby Lester for manual • Bubble Cards from FDA repackager electronically selected and labeled. Hopper manually restocked and barcode scanned for location. Non-patient strip packs are manually selected and provided to pharmacies.	• TCRx multi-dose packager, Auto Label Verify (ALV), OnDemand Express II, Parata
MAINTENANCE OF ADDS	• Chutes are cleaned monthly and between canister fills; canisters cleaning varies depending on amount of dust build up.	• Weekly maintenance cleaning • Minimal maintenance due to drugs already prepackaged	• Monthly and when replenished and as needed due to powder build up
TRACKING MECHANISM	• Puck with RFID computer chip • Barcode scanning of vial	• Barcode	• Barcode

FULLFILLMENT PROCESS (CONTINUE)

	Community Pharmacy	Specialty & Correctional Facility Pharmacy	LTC Pharmacy
RESTOCKING PROCESS: PHARMACIST INVOLVEMENT	• Yes, Pharmacist verify manufacturer bottles prior to restocking canister	• Yes, Pharmacist verifies prior to restocking the ADDS. • Yes, pharmacist will verify bubble card received from FDA repackager, but not before restocking into the hopper.	• Pharmacist verify manufacture bottle prior to tch restocking the On Demand Express TCGRx Omnicell.
RESTOCKING PROCESS: PHARMACY TECHNICIAN INVOLVEMENT	• Yes, selects and scans barcodes on drug product containers and restocks the canister after pharmacist verification.	• Yes, tch scans and replenish canisters • Yes, will scan repackager barcode prior to restocking into the hopper.	• Tech scans and replenish canisters
RESTOCKING PROCESS: LABELING OF CANISTERS	• Label with drug name and RFID chip.	• Label with drug name and barcode. • Bubble cards – NA	• Canister labeled with drug name and barcode.

FULLFILLMENT PROCESS (CONTINUE)

	Community Pharmacy	Specialty &Correctional Facility Pharmacy	LTC Pharmacy
PRESCRIPTION LABEL: WHICH PHARMACY'S INFORMATION IS PRINTED	• Both, originating and Central Fill Pharmacy info • Originating pharmacy info only	• Originating pharmacy • Both, Central Fill Pharmacy and FDA Repackager information.	• Central Fill Pharmacy info
PICTURES TAKEN (LABEL, CONTENTS)	• Yes, picture of drug in vial and compares to a library of pictures of drugs.	• No	• No
WEIGHT TAKEN (DRUG, CONTAINER, PAPERWORK, MAILER, ETC)	• Yes, weighed at the end; includes total weight of vial + drug and compared to expected weight	• No	• No
PHARMACIST PERFORMS FINAL CHECK	• Yes, after pictures and weight is taken.	• Yes • Final verification only when bubble card is rejected if misfilled or unable to read prescription label.	• All cards prior to rx labeling are 100% verified. When rx label is placed on bubble card only 2% verified; All unit of use drug products 100% verified.
WHICH PHARMACIST IS LISTED AS DISPENSING THE PRESCRIPTION	• Pharmacist performing final product verification reviewing pictures to actual drug dispensed.	• Pharmacist doing the physical verification • The pharmacist scheduled as the dispensing pharmacist for the day.	• Pharmacists assigned to the reviewing station who reviews the 2% is responsible for all cards; Manual fills are physically verified by pharmacist.

PACKAGING AND SHIPPING

	Community Pharmacy	Specialty & Correctional Facility Pharmacy	LTC Pharmacy
SORTING METHOD	• Manually, Rx vial and paperwork goes into a plastic bag that is barcoded, scanned and placed in a tote for the originating pharmacy.	• Scan barcode then placed in bins by originating pharmacy. • Barcode on label is read electronically and directed to the tote of the originating pharmacy.	• Tch scans barcode to determine which tote to place bubble care.
TYPE OF CONTAINER / PACKAGING USED FOR TRANSPORTATION	• In totes for each originating pharmacy.	• Mailer bags • Sealed totes	• Canvas security bags • Totes
TYPE OF COURIER USED TO DELIVER TO ORIGINATING PHARMACY	• Wholesaler is contracted to pick up and deliver to each originating pharmacy.	• Mailed USPS to Originating Pharmacy • Contracted wholesaler drivers.	• Direct facility accounts: Central Fill Pharmacy drivers deliver directly to each facility. Facility accounts for other originating pharmacies: Central Fill Pharmacy drivers delivers to the Originating pharmacy. Originating pharmacy drivers delivers to facilities.
TRACKING METHOD FOR DELIVERY	• Barcode scanned	• Barcode scanned	• Barcode scanned

RECEIVING AT ORIGINATING PHARMACY

	Community Pharmacy	Specialty & Correctional Facility Pharmacy	LTC Pharmacy
METHOD OF CHECKING PRESCRIPTIONS DELIVERED	• Originating pharmacy scans barcodes on each bag to confirm delivery.	• Pharmacy scans as received and placed in will call area. • Drivers compare manifest from central fill pharmacy, then pharmacists counts # of totes received to # of totes shipped; Originating pharmacy will scan each bubble card.	• Direct facility accounts: Driver receives delivery and facility signs for delivery. • Facility accounts for other originating pharmacy: Driver receives delivery from central fill pharmacy, delivers to originating pharmacy then scans as received. Barcode is scanned at the originating pharmacy and at each facility.

HANDLING OF MEDICATION ERRORS

	Community Pharmacy	Specialty & Correctional Facility Pharmacy	LTC Pharmacy
TYPE OF MED ERRORS	• Wrong quantity; Wrong drug, Shipping Errors	• Mailing issues sending to wrong originating pharmacy • None	• Wrong quantity in bubbles and broken tablets.
HOW IS THE CENTRAL FILL PHARMACY NOTIFIED OF A MED ERROR?	• Originating pharmacy, patient or call center contacts the central fill pharmacy.	• From Originating pharmacy.	• From Originating pharmacy or Facility notifies Central Fill Pharmacy
WHO IS RESPONSIBLE FOR CORRECTING THE MED ERROR?	• Originating pharmacy.	• Originating pharmacy; if central fill related originating pharmacy will notify central fill pharmacy. • Originating pharmacy.	• Originating Pharmacy
WHO IS RESPONSIBLE FOR DOCUMENTING THE MED ERROR REPORT?	• Originating pharmacy initiates the QA report; both PICs work to investigate.	• Central Fill Pharmacy PIC,	• PIC at Central Fill Pharmacy
WHO IS RESPONSIBLE FOR REPORTING AN ADDS MED ERROR TO THE BOP?	• PIC submits QA report to Pharmacy's Compliance Team who will review and submit to the Board. Unlicensed ADDS reports annually.	• PIC at Central Fill if central fill pharmacy related. Education provided to submit annually with renewal	• PIC at Central Fill Pharmacy. Education provided to submit annually for unlicensed ADDS

THANK YOU

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Attachment 6

DEPARTMENT OF CONSUMER AFFAIRS
Title 16. Board of Pharmacy

PROPOSED REGULATORY LANGUAGE
Central Fill Pharmacies

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

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

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

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

dispensing, ~~which may~~ including throughe review of photographs of the final product in lieu of physical visual verification. A pharmacist shall not be required to perform final product verification where product verification by a pharmacist is performed at the time of stocking the automated dispensing device, if the dispensing device is not further accessed by pharmacy personnel.

(6) The originating pharmacy is responsible for compliance with the requirements set forth in ~~S~~sections 1707.1, 1707.2, and 1707.3 of the California Code of Regulations.

~~(b) Nothing in this section shall be construed as barring a pharmacy from also filling new prescriptions presented by a patient or a patient's agent or transmitted to it by a prescriber.~~

(b) For purposes of this section, a central fill pharmacy is defined as a California-licensed pharmacy that, pursuant to a contract or on behalf of a pharmacy under common ownership, prepares and packages prescriptions for another pharmacy to dispense to the patient.

Credits

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

Attachment 7

Proposal to Amend BPC 4112 As Follows:

4112.

(a) Any pharmacy located outside this state that ships, mails, or delivers, in any manner, controlled substances, dangerous drugs, or dangerous devices into this state shall be considered a nonresident pharmacy.

(b) A person may not act as a nonresident pharmacy unless he or she has obtained a license from the board. The board may register a nonresident pharmacy that is organized as a limited liability company in the state in which it is licensed.

(c) A nonresident pharmacy shall disclose to the board the location, names, and titles of (1) its agent for service of process in this state, (2) all principal corporate officers, if any, (3) all general partners, if any, and (4) all pharmacists who are dispensing controlled substances, dangerous drugs, or dangerous devices to residents of this state. A report containing this information shall be made on an annual basis and within 30 days after any change of office, corporate officer, partner, or pharmacist.

(d) All nonresident pharmacies shall comply with all lawful directions and requests for information from the regulatory or licensing agency of the state in which it is licensed as well as with all requests for information made by the board pursuant to this section. The nonresident pharmacy shall maintain, at all times, a valid unexpired license, permit, or registration to conduct the pharmacy in compliance with the laws of the state in which it is a resident. As a prerequisite to registering with the board, the nonresident pharmacy shall submit a copy of the most recent inspection report resulting from an inspection conducted by the regulatory or licensing agency of the state in which it is located.

(e) All nonresident pharmacies shall maintain records of controlled substances, dangerous drugs, or dangerous devices dispensed to patients in this state so that the records are readily retrievable from the records of other drugs dispensed.

(f) Any pharmacy subject to this section shall, during its regular hours of operation, but not less than six days per week, and for a minimum of 40 hours per week, provide a toll-free telephone service to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. This toll-free telephone number shall be disclosed on a label affixed to each container of drugs dispensed to patients in this state.

(g) A nonresident pharmacy shall not permit a pharmacist to manufacture, compound, furnish, sell, dispense, or initiate the prescription of a dangerous drug or dangerous device, or to provide any pharmacy-related service, to California patients under any of the following conditions:

(1) The pharmacist's ~~whose~~ license has been revoked by any jurisdiction ~~that~~ and has ~~is~~ not been subsequently reinstated. ~~by the board to manufacture, compound, furnish, sell, dispense, or initiate the prescription of a dangerous drug or dangerous device, or to provide any pharmacy-related service, to a person residing in California~~.

(2) If ~~T~~the pharmacist is ~~either~~ not licensed in California, ~~or has~~ they have not successfully passed the North American Pharmacist Licensure Examination or the Multi-state Jurisprudence Examination.

(h) The board shall adopt regulations that apply the same requirements or standards for oral consultation to a nonresident pharmacy that operates pursuant to this section and ships, mails, or delivers any controlled substances, dangerous drugs, or dangerous devices to residents of this state, as are applied to an in-state pharmacy that operates pursuant to Section 4037 when the pharmacy ships, mails, or delivers any controlled substances, dangerous drugs, or dangerous devices to residents of this state. The board shall not adopt any regulations that require face-to-face consultation for a prescription that is shipped, mailed, or delivered to the patient. The regulations adopted pursuant to this subdivision shall not result in any unnecessary delay in patients receiving their medication.

(i) The registration fee shall be the fee specified in subdivision (a) of Section 4400.

(j) The registration requirements of this section shall apply only to a nonresident pharmacy that ships, mails, or delivers controlled substances, dangerous drugs, and dangerous devices into this state pursuant to a prescription.

(k) A nonresident pharmacy licensed pursuant to this section shall be subject to inspection by the board as a condition of renewal once every four years, unless the board determines more frequent inspections are necessary. In addition to paying the fees established in Section 4400, the nonresident pharmacy shall deposit, when notified by the board, a reasonable amount, as determined by the board, necessary to cover the board's estimated costs of performing the inspection. If the required deposit is not received or if the actual costs of the inspection exceed the amount deposited, the board shall issue an invoice for the remaining amount and shall not take action on the renewal application until the full amount has been paid to the board. If the amount deposited exceeds the amount of actual and necessary costs incurred, the board shall remit the difference to the applicant.

(l) Nothing in this section shall be construed to authorize the dispensing of contact lenses by nonresident pharmacists except as provided by Section 4124.

Attachment 8

Proposal to Amend Business and Professions Code Section 4052.

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

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

(2) Transmit a valid prescription to another pharmacist.

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

(4) ~~Perform procedures or functions in a licensed health care facility as authorized by Section 4052.1~~. Initiate and perform routine patient assessment procedures including skin puncture and clinical laboratory tests that are classified as waived pursuant to the federal Clinical Laboratory Improvement Amendments of 1988 (42 (U.S.C. Sec. 263a) and the regulations adopted thereunder by the federal Health Care Financing Administration as authorized by section 12 06.5 or section 12 06. 6. A pharmacist exercising these authorities must do so in collaboration with a patient's primary care provider or diagnosing prescriber, if applicable.

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

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

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

(8) ~~Provide consultation, training, and education to patients about drug therapy, disease management, and disease prevention~~. Prescribe over-the-counter medications if requested.

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

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

provider, the pharmacist shall provide the patient with a written record of the drugs or devices furnished and advise the patient to consult a physician of the patient's choice. This section shall not allow a pharmacist to furnish a medication for off-label use.

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

(a) are minor, non-chronic health conditions

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

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

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

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

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

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

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

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

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

(17) Adjust prescription treatment drug regime consistent with medication therapy management reviews for chronic conditions. A pharmacist exercising these authorities must do so in collaboration with a patient's primary care provider or diagnosing prescriber, if applicable.

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

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

(1) Maintaining the confidentiality of medical records.

(2) The licensing of a health care facility.

(d) Nothing in this section shall be construed as establishing an obligation on a pharmacist to perform or provide a service or function authorized by subdivision (a) where the pharmacist has made a professional determination that (1) they lack sufficient education, training, or expertise, or access to sufficient patient medical information, to perform such service or function properly or safely; or (2) performing or providing such service or function would place a patient at risk.

Amend BPC 4050 as follows:

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

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

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

Amend BPC 4051 as follows:

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

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

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

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

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

Amend BPC 4036 as follows:

4036. Pharmacist "Pharmacist" means a natural person to whom a license has been issued by the board, under Section 4200, except as specifically provided otherwise in this chapter. The holder of an unexpired and active pharmacist license issued by the board is entitled to practice pharmacy as defined by this chapter, within or outside of a licensed pharmacy ~~as authorized by this chapter~~.

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

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

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

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

(C) The date of issue.

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

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

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

the pharmacist who issues a drug order ~~pursuant to Section 4052.1, 4052.2, or 4052.6~~.

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

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

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

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

~~4052.01.~~

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

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

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

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

(b) A pharmacist furnishing naloxone hydrochloride pursuant to this section shall not permit the person to whom the drug is furnished to waive the consultation required by the board and the Medical Board of California.
(c) Prior to performing a procedure authorized under this section, a pharmacist shall complete a training program on the use of opioid antagonists that consists of at least one hour of approved continuing education on the use of naloxone hydrochloride.
(d) The board and the Medical Board of California are each authorized to ensure compliance with this section. Each board is specifically charged with enforcing this section with respect to its respective licensees. This section does not expand the authority of a pharmacist to prescribe any prescription medication.
(e) The board may adopt emergency regulations to establish the standardized procedures or protocols. The adoption of regulations pursuant to this subdivision shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The emergency regulations authorized by this subdivision are exempt from review by the Office of Administrative Law. The emergency regulations authorized by this subdivision shall be submitted to the Office of Administrative Law for filing with the Secretary of State and shall remain in effect until the earlier of 180 days following their effective date or the effective date of regulations adopted pursuant to subdivision (a).
(Added by Stats. 2014, Ch. 326, Sec. 1. (AB 1535) Effective January 1, 2015.)

4052.02.

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

limited to, the Office of AIDS, within the State Department of Public Health, on training programs that are appropriate to meet the requirements of this subdivision.

(e) A pharmacist shall furnish at least a 30-day supply, and up to a 60-day supply, of preexposure prophylaxis if all of the following conditions are met:

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

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

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

(4) The pharmacist provides counseling to the patient on the ongoing use of preexposure prophylaxis, which may include education about side effects, safety during pregnancy and breastfeeding, adherence to recommended dosing, and the importance of timely testing and treatment, as applicable, for HIV, renal function, hepatitis B, hepatitis C, sexually transmitted diseases, and pregnancy for individuals of childbearing capacity. The pharmacist shall notify the patient that the patient must be seen by a primary care provider to receive subsequent prescriptions for preexposure prophylaxis and that a pharmacist may not furnish a 60-day supply of preexposure prophylaxis to a single patient more than once every two years.

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

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

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

(f) A pharmacist initiating or furnishing preexposure prophylaxis shall not permit the person to whom the drug is furnished to waive the consultation required by the board.

(g) The board, by July 1, 2020, shall adopt emergency regulations to implement this section in accordance with CDC guidelines. The adoption of regulations pursuant to this subdivision shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The board shall consult with the Medical Board of California in developing regulations pursuant to this subdivision.
(Amended by Stats. 2020, Ch. 370, Sec. 5. (SB 1371) Effective January 1, 2021.)

4052.03.

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

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

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

(c) For purposes of this section, "CDC guidelines" means the "Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV–United States, 2016," or any subsequent guidelines, published by the federal Centers for Disease Control and Prevention.
(d) Before furnishing postexposure prophylaxis to a patient, a pharmacist shall complete a training program approved by the board, in consultation with the Medical Board of California, on the use of preexposure prophylaxis and postexposure prophylaxis. The training shall include information about financial assistance programs for preexposure prophylaxis and postexposure prophylaxis, including the HIV prevention program described in Section 120972 of the Health and Safety Code. The board shall consult with the Medical Board of California as well as relevant stakeholders, including, but not limited to, the Office of AIDS, within the State Department of Public Health, on training programs that are appropriate to meet the requirements of this subdivision.
(e) A pharmacist shall furnish a complete course of postexposure prophylaxis if all of the following conditions are met:
(1) The pharmacist screens the patient and determines the exposure occurred within the previous 72 hours and the patient otherwise meets the clinical criteria for postexposure prophylaxis consistent with CDC guidelines.

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

postexposure prophylaxis under this section, the pharmacist may furnish postexposure prophylaxis.

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

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

(f) A pharmacist initiating or furnishing postexposure prophylaxis shall not permit the person to whom the drug is furnished to waive the consultation required by the board.
(g) The board, by July 1, 2020, shall adopt emergency regulations to implement this section in accordance with CDC guidelines. The adoption of regulations pursuant to this subdivision shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The board shall consult with the Medical Board of California in developing regulations pursuant to this subdivision.
(Added by Stats. 2019, Ch. 532, Sec. 3. (SB 159) Effective January 1, 2020.)

4052.1.

(a) Notwithstanding any other provision of law, a pharmacist may perform the following procedures or functions in a licensed health care facility in accordance with policies, procedures, or protocols developed by health professionals, including physicians, pharmacists, and registered nurses, with the concurrence of the facility administrator:
(1) Ordering or performing routine drug therapy-related patient assessment procedures including temperature, pulse, and respiration.

(2) Ordering drug therapy-related laboratory tests.

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

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

(b) Prior to performing any procedure authorized by this section, a pharmacist shall have received appropriate training as prescribed in the policies and procedures of the licensed health care facility.

(Added by Stats. 2006, Ch. 777, Sec. 5. Effective January 1, 2007.)

4052.2.

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

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

(2) Ordering drug therapy-related laboratory tests.

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

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

(b) A patient's treating prescriber may prohibit, by written instruction, any adjustment or change in the patient's drug regimen by the pharmacist.

(c) The policies, procedures, or protocols referred to in this subdivision shall be developed by health care professionals, including physicians, pharmacists, and registered nurses, and shall, at a minimum, do all of the following:

(1) Require that the pharmacist function as part of a multidisciplinary group that includes physicians and direct care registered nurses. The multidisciplinary group shall determine the appropriate participation of the pharmacist and the direct care registered nurse.

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

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

(4) Except for procedures or functions provided by a health care facility, a licensed correctional clinic, as defined in Section 4187, a licensed clinic in which there is

physician oversight, or a provider who contracts with a licensed health care plan with regard to the care or services provided to the enrollees of that health care service plan, require the procedures to be performed in accordance with a written, patient-specific protocol approved by the treating or supervising physician. Any change, adjustment, or modification of an approved preexisting treatment or drug therapy shall be provided in writing to the treating or supervising physician within 24 hours.

(d) Prior to performing any procedure authorized by this section, a pharmacist shall have done either of the following:

(1) Successfully completed clinical residency training.

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

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

4052.3.

(a) (1) Notwithstanding any other law, a pharmacist may furnish self-administered hormonal contraceptives in accordance with standardized procedures or protocols developed and approved by both the board and the Medical Board of California in consultation with the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other appropriate entities. The standardized procedure or protocol shall require that the patient use a self-screening tool that will identify patient risk factors for use of self-administered hormonal contraceptives, based on the current United States Medical Eligibility Criteria (USMEC) for Contraceptive Use developed by the federal Centers for Disease Control and Prevention, and that the pharmacist refer the patient to the patient's primary care provider or, if the patient does not have a primary care provider, to nearby clinics, upon furnishing a self-administered hormonal contraceptive pursuant to this subdivision, or if it is determined that use of a self-administered hormonal contraceptive is not recommended.

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

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

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

(B) Standardized procedures or protocols developed and approved by both the board and the Medical Board of California in consultation with the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other appropriate entities. The board and the Medical Board of California are both authorized to ensure compliance with this clause, and each board is specifically charged with the enforcement of this provision with respect

~~to its respective licensees. This subdivision does not expand the authority of a pharmacist to prescribe any prescription medication.~~

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

~~(3) A pharmacist, pharmacist's employer, or pharmacist's agent shall not directly charge a patient a separate consultation fee for emergency contraception drug therapy services initiated pursuant to this subdivision, but may charge an administrative fee not to exceed ten dollars ($10) above the retail cost of the drug. Upon an oral, telephonic, electronic, or written request from a patient or customer, a pharmacist or pharmacist's employee shall disclose the total retail price that a consumer would pay for emergency contraception drug therapy. As used in this paragraph, total retail price includes providing the consumer with specific information regarding the price of the emergency contraception drugs and the price of the administrative fee charged. This limitation is not intended to interfere with other contractually agreed-upon terms between a pharmacist, a pharmacist's employer, or a pharmacist's agent, and a health care service plan or insurer. Patients who are insured or covered and receive a pharmacy benefit that covers the cost of emergency contraception shall not be required to pay an administrative fee. These patients shall be required to pay copayments pursuant to the terms and conditions of their coverage. This paragraph shall become inoperative for dedicated emergency contraception drugs if these drugs are reclassified as over-the-counter products by the federal Food and Drug Administration.~~

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

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

~~4052.4.~~
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~~(a) Notwithstanding Section 2038 or any other provision of law, a pharmacist may perform skin puncture in the course of performing routine patient assessment procedures or in the course of performing any procedure authorized under Section 1206.5 or 1206.6. For purposes of this section, "routine patient assessment procedures" means: (a) procedures that a patient could, with or without a prescription, perform for themselves, or (b) clinical laboratory tests that are classified as waived pursuant to the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a) and the regulations adopted thereunder by the federal Health Care Financing Administration, as authorized by paragraph (11) of subdivision (a) of Section 1206.5 or Section 1206.6. A pharmacist performing these functions shall report the results obtained from a test to the patient and any physician designated by the patient. Any pharmacist who performs the service authorized by this section shall not be in violation of Section 2052.~~

~~(b) A pharmacist may perform any aspect of any FDA-approved or -authorized test that is classified as waived pursuant to the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a) and the regulations adopted thereunder by the federal Health Care Financing Administration, under all of the following conditions:~~

~~(1) The test meets the criteria in subparagraph (A) or (B) and does not require the use of specimens collected by vaginal swab, venipuncture, or the collection of seminal fluid.~~

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

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

~~(ii) Mononucleosis.~~

~~(iii) Sexually transmitted infection.~~

~~(iv) Strep throat.~~

~~(v) Anemia.~~

~~(vi) Cardiovasular health.~~

~~(vii) Conjunctivitis.~~

~~(viii) Urinary tract infection.~~

~~(ix) Liver and kidney function or infection.~~

~~(x) Thyroid function.~~

~~(xi) Substance use disorder.~~

~~(xii) Diabetes.~~

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

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

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

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

4052.5.

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(a) In addition to the authority allowed under Section 4073, a pharmacist filling a prescription order for a drug product may select a different form of medication with the same active chemical ingredients of equivalent strength and duration of therapy as the prescribed drug product when the change will improve the ability of the patient to comply with the prescribed drug therapy.
(b) In no case shall a selection be made pursuant to this section if the prescriber personally indicates, either orally or in his or her own handwriting, "Do not substitute" or words of similar meaning. Nothing in this subdivision shall prohibit a prescriber from checking a box on a prescription marked "Do not substitute" if the prescriber personally initials the box or checkmark.
(c) Selection pursuant to this section is within the discretion of the pharmacist, except as provided in subdivision (b). The pharmacist who selects the drug product to be dispensed pursuant to this section shall assume the same responsibility for selecting the dispensed drug product as would be incurred in filling a prescription for a drug product using the prescribed form of medication. There shall be no liability on the prescriber for an act or omission by a pharmacist in selecting, preparing, or dispensing a drug product pursuant to this section.
(d) This section shall apply to all prescriptions, including those presented by or on behalf of persons receiving assistance from the federal government or pursuant to the California Medical Assistance Program set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code.
(e) When a substitution is made pursuant to this section, the use of the different form of medication shall be communicated to the patient, and the name of the dispensed drug product shall be indicated on the prescription label, unless the prescriber orders otherwise.

(f) This section shall not permit substitution between long-acting and short-acting forms of a medication with the same chemical ingredients or between one drug product and two or more drug products with the same chemical ingredients.
(Added by Stats. 2001, Ch. 631, Sec. 1. Effective January 1, 2002.)

4052.7.
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(a) A pharmacy may, at a patient's request, repackage a drug previously dispensed to the patient or to the patient's agent pursuant to a prescription.
(b) Any pharmacy providing repackaging services shall have in place policies and procedures for repackaging these drugs and shall label the repackaged prescription container with the following:
(1) All the information required by Section 4076.

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

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

4052.8.
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(a) In addition to the authority provided in paragraph (11) of subdivision (a) of Section 4052, a pharmacist may independently initiate and administer any vaccine that has been approved or authorized by the federal Food and Drug Administration and received a federal Advisory Committee on Immunization Practices individual vaccine recommendation published by the federal Centers for Disease Control and Prevention (CDC) for persons three years of age and older.
(b) In order to initiate and administer an immunization described in subdivision (a), a pharmacist shall do all of the following:
(1) Complete an immunization training program endorsed by the CDC or the Accreditation Council for Pharmacy Education that, at a minimum, includes hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines, and shall maintain that training.

(2) Be certified in basic life support.

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

~~(c) A pharmacist administering immunizations pursuant to this section, or paragraph (11) of subdivision (a) of Section 4052, may also initiate and administer epinephrine or diphenhydramine by injection for the treatment of a severe allergic reaction.~~
~~*(Amended by Stats. 2021, Ch. 655, Sec. 1. (AB 1064) Effective January 1, 2022.)*~~

~~4052.9.~~
~~—~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~marked on the prescription "No change to quantity." In either instance, it shall not be required that the prohibition on an increased supply be manually initialed by the prescriber.~~

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

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

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

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

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

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

~~4073.~~

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

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

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

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

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

4073.5.

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

(1) The alternative biological product is interchangeable.

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

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

(1) An interoperable electronic medical records system.

(2) An electronic prescribing technology.

(3) A pharmacy benefit management system.

(4) A pharmacy record.

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

(d) If the pharmacy does not have access to one or more of the entry systems in subdivision (b), the pharmacist or the pharmacist's designee shall communicate the name of the biological product dispensed to the prescriber using facsimile, telephone,

~~electronic transmission, or other prevailing means, except that communication shall not be required in this instance to the prescriber when either of the following apply:~~

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

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

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

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

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

~~(f) Selection pursuant to this section is within the discretion of the pharmacist, except as provided in subdivision (e). A pharmacist who selects an alternative biological product to be dispensed pursuant to this section shall assume the same responsibility for substituting the biological product as would be incurred in filling a prescription for a biological product prescribed by name. There shall be no liability on the prescriber for an act or omission by a pharmacist in selecting, preparing, or dispensing a biological product pursuant to this section. In no case shall the pharmacist select a biological product that meets the requirements of subdivision (a) unless the cost to the patient of the biological product selected is the same or less than the cost of the prescribed biological product. Cost, as used in this subdivision, includes any professional fee that may be charged by the pharmacist.~~

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

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

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

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

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

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

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

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

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

July 12, 2024

Dear California State Board of Pharmacy,

We are writing to express our appreciation for the work that the Licensing Committee has done to advance the standard of care as a regulatory model for pharmacy. The modifications we suggest aim to improve the clarity and utility of the proposed amendments being considered by the State Board.

Please find the details below:

Section 4052

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

(10) Furnish ~~an~~ FDA approved or authorized medications ~~that are~~ as part of preventative health care services that do not require a new diagnosis, except for diagnoses related to self-care. ~~The pharmacist shall notify the patient's primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist shall provide the patient with a written record of the drugs or devices furnished and advise the patient to consult a physician of the patient's choice. This section shall not allow a pharmacist to furnish a medication for off-label use.~~

Justification: Grammatical clarification. The clause "Pharmacist shall notify…" has been moved to Section 4052 (d) below to cover all instances related to documentation and communication with other healthcare providers. The sentence prohibiting pharmacists from providing medication for off-label use is overly restrictive. Pharmacists must have the flexibility to provide medication based on best practices, emerging health threats, and patient welfare. Additionally, off-label use for package inserts are not routinely updated regarding guidelines, particularly when a brand becomes generic.

(11) Furnish an FDA approved or authorized noncontrolled medication for the treatment of conditions that
(a) are minor, non-chronic health conditions
(b) or for which a CLIA waived test provides diagnosis and the treatment is limited in duration.

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

Justification: The clause "Pharmacist shall notify…" has been moved to Section 4052 (d) below for the same reason as stated above Section 4052 (a) (10).

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

Justification: The clause “Pharmacist who orders and interprets…” has been replaced by Section 4052 (d) below to cover all instances related to documentation and communication with other healthcare providers.

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

(A) A collaborative practice agreement with any health care provider with prescriptive authority. The collaborative practice agreement may be between a single or multiple pharmacists and a single or multiple health care providers with prescriptive authority.
(B) Pursuant to an order or authorization made by the patient’s prescriber and in accordance with the policies, procedures, or protocols of the entity providing health care services. ~~unless a patient’s treating prescriber otherwise prohibits such action.~~

Justification: Strike “unless a patient’s treating prescriber otherwise prohibits such action.” Paragraph (13) (B) begins with “Pursuant to an order or authorization by the patient’s prescriber”, thereby obviating the need for the “unless” statement.

(17) Adjust drug therapy regimens ~~prescription treatment drug regime~~ consistent with ~~medication therapy management reviews~~ standard of care for chronic conditions.

Justification: Replace "regime" with "regimen." Remove reference to medication therapy management reviews. MTM reviews could be misinterpreted as published reviews or guidelines. Pharmacists must utilize contemporary knowledge in making drug therapy decisions based on the current standard of care.

Section 4052

(d) A pharmacist who makes interventions as part of medication management shall document and communicate with other providers as appropriate.

Justification: Section 4052 (d) is new. It replaces “shall” communication statements in Section 4052 Subsections (10, 11, 12).

Section 4050

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

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

Justification: “Pharmacy” practice is preferred over “Pharmacist” practice. Section 4050 (a) declares the practice of pharmacy to be a profession, not the practice of pharmacist. Pharmacy practice is consistent with defining language throughout the Business and Professions Code for other health professions, such as medical practice, nursing practice, dental practice, etc. Also, the added phrase “patient care activities to optimize” implies that pharmacists optimize by improving existing therapies, when in fact many pharmacists are charged with initiating, monitoring, and adjusting therapies. Preventative therapies such

as immunizations provide direct access to essential health care services. It is agreed that pharmacists do optimize drug use, etc., however, their contributions go well beyond optimization.

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

(d) No state agency other than the board of pharmacy may define or interpret the practice of pharmacy for those licensed pursuant to the provisions of this chapter or develop standardized procedures or protocols pursuant to this chapter, unless so authorized by this chapter, or specifically required under state or federal statute. "State agency" includes every state office, officer, department, division, bureau, board, authority, and commission.

Justification: Section 4050 (d) is new. With recognition that the Licensing Committee has recommended removal of statutory language referring to other boards or agencies, this section codifies the importance of the board of pharmacy in defining and interpreting the practice of pharmacy. See Chapter 6 Nursing, Section 2725 (e) – effective 1/1/2004.

Amend BPC 4051 as follows:

(a) Except as otherwise provided in this chapter, it is unlawful for any person to manufacture, compound, furnish, sell, or dispense a dangerous drug or dangerous device, or to dispense or compound a prescription pursuant to Section 4040 of a prescriber unless he or she is a pharmacist under this chapter.
(b) Notwithstanding any other law, a pharmacist may authorize the initiation of a prescription, pursuant to Section 4052, and otherwise provide clinical advice, services, information, or patient consultation, as set forth in this chapter, if all of the following conditions are met:
(1) The clinical advice, services, information, or patient consultation is provided to a health care professional or to a patient or patient's agent.
(2) The pharmacist has access to prescription, patient profile, or other relevant medical information for purposes of patient and clinical consultation and advice.
(3) Access to the information described in paragraph (2) is secure from unauthorized access and use.
(4) The pharmacist provides the service or activity in accordance with the accepted standard of care that would be provided in a similar setting by a reasonable and prudent licensee with similar education, training, and experience.

Justification: Section 4051 (b) (4) is new. It is important to explicitly state that a pharmacist must provide services or activities authorized in Section 4052 in accordance with the accepted standard of care. This concept applies to all health professions and it is incumbent on health care providers to only provide services for which they are qualified.

Section 4000

This chapter constitutes, and may be cited as, the ~~Pharmacy Law~~ Pharmacy Practice Act.

Justification: The California Business and Professions Code Division 2 Healing Arts provides Chapters and Articles related to the various health professions. The chapters pertaining to the following are cited as the: Medical Practice Act, Nursing Practice Act, Dental Practice Act, Respiratory Care Practice Act, Optometry Practice Act, etc. While all contain the laws applicable to their profession, only Chapter 9 Pharmacy is cited as "Pharmacy Law". The National Association of Boards of Pharmacy has developed

and maintains the Model State Pharmacy Act to provide State Boards of Pharmacy with model language for developing state laws. Section 101 Title of Act recommended language: This Act shall be known as the Pharmacy Practice Act.

Division 2 Healing Arts, Chapter 1 General Provisions, Article 11 Professional Reporting

Section 800 [Establishes requirement for reporting, to appropriate licensing board, of complaints alleging acts of misconduct in connection of performance of professional services by licensee. It further requires that any judgment or settlement paid by licensee or licensee's insurer in excess of $3,000 be reported to the licensing board]

Section 805 [Defines Peer Review]

Section 805 (a) (2) "Licentiate" means a physician and surgeon, doctor of podiatric medicine, clinical psychologist, marriage and family therapist, clinical social worker, professional clinical counselor, dentist, licensed midwife, physician assistant, pharmacist, or nurse practitioner practicing pursuant to Section 2837.103 or 2837.104. "Licentiate" also includes a person authorized to practice medicine pursuant to Section 2113 or 2168.

Justification: Pharmacists are included in professional reporting requirements under Section 800. Peer review as defined in 805 should also apply to pharmacists as part of a process to review medical outcomes or quality of professional care provided by licentiate.

We greatly appreciate the Board of Pharmacy's diligent efforts and commitment to advancing the standard of care as a regulatory model for pharmacy practice. The proposed amendments reflect a comprehensive understanding of the evolving role of pharmacists in healthcare. As a work group dedicated to enhancing pharmacy practice, we are enthusiastic about the potential positive impacts of these changes. We look forward to continued collaboration and remain deeply interested in supporting the Board's initiatives to ensure that pharmacists can deliver the highest standard of care to their patients.

Thank you,

California Pharmacy Standard of Care Work Group members:

- Susan Bonilla, CEO, California Pharmacists Association (CPhA)
- Steve Chen, PharmD, FASHP, FCSHP, FNAP, Professor of Clinical Pharmacy and Associate Dean for Clinical Affairs, USC School of Pharmacy
- Richard Dang, PharmD, BCACP, Assistant Professor of Clinical Pharmacy, USC School of Pharmacy
- Amy Hohmann, PharmD, Pharmacy Resident, Loma Linda University Medical Center
- Kevin Komoto, PharmD, MBA, Chief Operating Officer, Komoto Healthcare
- Lisa Kroon, PharmD, CDE, Professor of Clinical Pharmacy and Chair, Department of Clinical Pharmacy, UCSF School of Pharmacy
- David Mitchell, PharmD, MBA, Clinical Professor and Residency Program Director, UC Davis Health
- Nathan Painter, PharmD, CDE Clinical Professor of Pharmacy, UC San Diego Skaggs School of Pharmacy and Pharmaceutical Sciences
- Daniel Robinson, PharmD, FASHP, Dean and Professor Emeritus (retired), Western University of Health Sciences.
- Rita Shane, PharmD, FASHP, FCSHP, Vice President and Chief Pharmacy Officer, Cedars-Sinai Medical Center; Assistant Dean, UCSF School of Pharmacy

california **pharmacists** association

Frequently Asked Questions

References: California Business and Professions Code, Division 2 Healing Arts.

Why are changes related to standard of care needed in pharmacy law?

Section 4050 (d), enacted in Jan 2014, declared pharmacists as health care providers. This change was not accompanied by conforming language to create a regulatory environment that supported the provider status of pharmacists.

What is the standard of care?

A practice and regulatory model used by other health professions that allows providers to practice at a level consistent with their individual education, training, experience, and practice setting. A pharmacist must provide the service or activity in accordance with the accepted standard of care that would be provided in a similar setting by a reasonable and prudent licensee with similar education, training, and experience.

Is standard of care an attempt by the pharmacy profession to expand scope of practice?

No. The purpose of standard of care is ultimately about leveraging pharmacists' skills and knowledge to improve patient care, enhance access to healthcare, and create a more efficient healthcare system.

What are the advantages of a standard of care model?

- Addresses healthcare challenges such as healthcare professional shortages and high costs
- Improves health outcomes California
- Increases access to healthcare, especially in rural and underserved areas
- Fully utilizes the competence and ability of healthcare professionals
- Evolves with advancements in education, technology, science, and practice standards
- Recognizes professional heterogeneity
- Avoids tying fixed regulations to an entire class of health professional
- Avoids lengthy statutory and regulatory changes as practice and health care evolve
- Facilitates adaptive collaboration between health professionals for optimal patient care and healthcare team

How would the Board of Pharmacy discipline violations of standard of care?

Under **Section 4306.6**, the board may initiate disciplinary proceedings for unprofessional conduct that includes acts or omissions that involve the inappropriate exercise of a pharmacist's education, training, or experience. The board may utilize **Section 800** for required reporting of complaints alleging acts of misconduct in connection of performance of professional services by a licensee and **Section 805** for existing peer review processes.

What support exists for standard of care as a regulatory model for pharmacy?

Prepared by:

California Pharmacy Standard of Care Work Group members

Susan Bonilla, Steve Chen, Richard Dang, Amy Hohmann, Kevin Komoto, Lisa Kroon, David Mitchell, Nathan Painter, Daniel Robinson, Rita Shane

In October 2018, the National Association of Boards of Pharmacy (NABP) convened a task force to explore the feasibility of transitioning from prescriptive rule-based regulations to a model that defines regulations through a standard of care process. As a result, NABP recommended that state boards of pharmacy consider regulatory alternatives for clinical care services that require pharmacy professionals to meet the standard of care. NABP has defined the "Standard of care" as the degree of care a prudent and reasonable licensee or registrant with similar education, training, and experience will exercise under similar circumstances. (Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy, August 2023)[1]

The 2021-2022 House of Delegates of APhA approved the policy statement: APhA requests that state boards of pharmacy and legislative bodies regulate pharmacy practice using a standard of care regulatory model similar to other health professions' regulatory models, thereby allowing pharmacists to practice at a level consistent with their individual education, training, experience, and practice setting. (JAPhA. 62(4):941, July 2022)[2]

An excellent and detailed commentary: Adams AJ, Chopski NI, Adams JA. "How to implement a 'standard of care' regulatory model for pharmacists." JAPhA 64 (2024) 102034.[3]
https://doi.org/10.1016/j.japh.2024.02.007

References:

1. National Association of Boards of Pharmacy. Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy. August 2023.
2. American Pharmacists Association. Policy Statement. JAPhA. 2022;62(4):941.
3. Adams AJ, Chopski NI, Adams JA. How to implement a "standard of care" regulatory model for pharmacists. JAPhA. 2024;64:102034. doi:10.1016/j.japh.2024.02.007.

Prepared by:

California Pharmacy Standard of Care Work Group members

Susan Bonilla, Steve Chen, Richard Dang, Amy Hohmann, Kevin Komoto, Lisa Kroon, David Mitchell, Nathan Painter, Daniel Robinson, Rita Shane

APhA
American Pharmacists Association

July 18, 2024

[submitted electronically via: Anne.Sodergren@dca.ca.gov]

Anne Sodergren
Executive Officer
California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

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

Dear Ms. Sodergren:

The American Pharmacists Association (APhA) appreciates the opportunity to comment on the California State Board of Pharmacy standard of care draft language. Overall, we are supportive of the draft language and provide the following recommendations and questions to minimize any unintended consequences from the proposed changes.

The transition to a standard of care regulatory approach is aligned with how other health care professionals are governed and will allow for a greater alignment of the role of the pharmacist with their education and training. This will positively impact patients and the health care system, as substantial published literature clearly documents the proven and significant improvement in patient outcomes[1] and reduction in health care expenditures[2] when pharmacists are optimally leveraged as the medication experts on patient-care teams. These changes will allow pharmacists to efficiently provide care through the Pharmacists' Patient Care Process, as endorsed by the Joint Commission of Pharmacy Practitioners.[3]

In addition to our overall support, we would like to provide some recommendations and questions:

- We recognize the intention that Business and Professions Code Section 4052.5 is being replaced with 4052(a)(5). 4052.5 does not require a pharmacist to obtain patient consent prior to performing therapeutic interchange, however, 4052(a)(5) is proposing to now require a pharmacist to receive patient consent prior to performing therapeutic interchange. We are concerned that this will add

[1] Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at: https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf
[2] Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at: https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927
[3] https://www.cdc.gov/dhdsp/pubs/docs/PPCP_Guide_June2021-508.pdf

administrative burden to pharmacists' practice and result in less efficient delivery of care to patients.

- We recommend the removal of "This section shall not allow a pharmacist to furnish a medication for off-label use," from Business and Professions Code Section 4052(a)(10). Off-label use of medications is a common and safe practice. Studies have found that one-third of all prescriptions of common medications are written for off-label indications and "up to 97% of drug use in some patient populations" are for off-label indications. Additionally, other states, such as Idaho[4] and Montana,[5] that have taken a standard of care approach to regulate pharmacists have not restricted pharmacist prescribing to labeled or off-label indications.
- We are concerned that the removal of Business and Professions Code Section 4052.7 will impact a pharmacy's ability to repackage medications for patients according to requirements detailed in 4052.7. We recommend the reinsertion of this language.

Additionally, we support comments and recommendations provided by the California Pharmacists Association on July 12, 2024.[6]

Thank you for the opportunity to provide these supportive comments and recommendations. If you have any questions or require additional information, please don't hesitate to contact E. Michael Murphy, PharmD, MBA, APhA Advisor for State Government Affairs by email at mmurphy@aphanet.org.

Sincerely,

Michael Baxter

Michael Baxter
Vice President, Government Affairs

cc: Susan Bonilla MEd, California Pharmacists Association Chief Executive Officer

About APhA: APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care, and enhance public health. In California, with 35,980 licensed pharmacists and 41,420 pharmacy technicians, APhA represents the pharmacists and students that practice in numerous settings and provide care to many of your constituents. As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.

[4] https://legislature.idaho.gov/wp-content/uploads/statutesrules/idstat/Title54/T54CH17.pdf
[5] https://laws.leg.mt.gov/legprd/LAW0210W$BSIV.ActionQuery?P_BILL_NO1=112&P_BLTP_BILL_TYP_CD=SB&Z_ACTION=Find&P_SESS=20231
[6] https://www.pharmacy.ca.gov/meetings/agendas/2024/24_jul_lic_mat_sup.pdf

Attachment 9

Proposal to amend BPC 4052.3 as follows:

4052.3.

(a) (1) Notwithstanding any other law, a pharmacist may furnish prescription-only self-administered hormonal contraceptives in accordance with standardized procedures or protocols developed and approved by both the board and the Medical Board of California in consultation with the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other appropriate entities. The standardized procedure or protocol shall require that the patient use a self-screening tool that will identify patient risk factors for use of self-administered hormonal contraceptives, based on the current United States Medical Eligibility Criteria (USMEC) for Contraceptive Use developed by the federal Centers for Disease Control and Prevention, and that the pharmacist refer the patient to the patient's primary care provider or, if the patient does not have a primary care provider, to nearby clinics, upon furnishing a prescription-only self-administered hormonal contraceptive pursuant to this subdivision, or if it is determined that use of a self-administered hormonal contraceptive is not recommended.

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

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

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

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

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

(3) A pharmacist, pharmacist's employer, or pharmacist's agent shall not directly charge a patient a separate consultation fee for emergency contraception drug therapy services initiated pursuant to this subdivision, but may charge an administrative fee not to exceed ten dollars ($10) above the retail cost of the drug. Upon an oral, telephonic, electronic, or written request from a patient or customer, a

pharmacist or pharmacist's employee shall disclose the total retail price that a consumer would pay for emergency contraception drug therapy. As used in this paragraph, total retail price includes providing the consumer with specific information regarding the price of the emergency contraception drugs and the price of the administrative fee charged. This limitation is not intended to interfere with other contractually agreed-upon terms between a pharmacist, a pharmacist's employer, or a pharmacist's agent, and a health care service plan or insurer. Patients who are insured or covered and receive a pharmacy benefit that covers the cost of emergency contraception shall not be required to pay an administrative fee. These patients shall be required to pay copayments pursuant to the terms and conditions of their coverage. This paragraph shall become inoperative for dedicated emergency contraception drugs if these drugs are reclassified as over-the-counter products by the federal Food and Drug Administration.

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

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

(d) Notwithstanding any other law, a pharmacist may furnish FDA-approved over-the-counter contraceptives without the need to comply with the standardized procedures or protocols required by subdivision (a)(1) for prescription-only self-administered hormonal contraceptives.

Attachment 10

CALIFORNIA STATE BOARD OF PHARMACY
QUARTERLY LICENSING STATISTICS FISCAL YEAR 2023/2024

APPLICATIONS RECEIVED

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	100	85	92	117	394
Designated Representatives Vet (EXV)	0	4	3	1	8
Designated Representatives-3PL (DRL)	33	31	44	43	151
Designated Representatives-Reverse Distributor (DRR)	1	0	3	2	6
Designated Paramedic (DPM)	0	0	1	0	1
Intern Pharmacist (INT)	858	132	80	108	1,178
Pharmacist Exam Applications	231	167	178	1,211	1,787
Pharmacist Retake Exam Applications	415	415	350	197	1,377
Pharmacist Initial License Application (RPH)	659	480	172	244	1,555
Advanced Practice Pharmacist (APH)	40	29	43	45	157
Pharmacy Technician (TCH)	1,206	1,087	1,312	1,634	5,239
Total	**3,543**	**2,430**	**2,278**	**3,602**	**11,853**

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	1	3	1	1	6
Total	**1**	**3**	**1**	**1**	**6**

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	72	45	79	44	240
Automated Drug Delivery System (ADD(APD))	1	0	2	1	4
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	32	33	35	37	137
Clinics Government Owned (CLE)	23	15	11	11	60
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	2	5	4	2	13
Hospitals Government Owned (HPE)	0	1	7	0	8
Hospital Satellite Sterile Compounding (SCP)	0	0	0	2	2
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	1	1	15	4	21
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	2	3	5
Outsourcing Facility Nonresident (NSF)	2	2	1	1	6
Pharmacy (PHY)	96	74	98	110	378
Pharmacy (PHY) Chain	5	5	3	358	371
Pharmacy Government Owned (PHE)	1	3	1	0	5
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	25	36	35	40	136
Sterile Compounding (LSC)	10	8	11	13	42
Sterile Compounding Government Owned (LSE)	1	1	8	0	10
Sterile Compounding Nonresident (NSC)	2	4	6	5	17
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	3	3	1	4	11
Third-Party Logistics Providers Nonresident (NPL)	8	5	7	12	32
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	1	1
Wholesalers (WLS)	22	13	14	17	66
Wholesalers Government Owned (WLE)	1	0	0	0	1
Wholesalers Nonresident (OSD)	26	20	25	32	103
Total	**333**	**274**	**365**	**697**	**1,669**
*Number of applications received includes the number of temporary applications received.					
Applications Received with Temporary License Requests	**July - Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Total FYTD**
Drug Room -Temp (DRM)	0	0	0	0	0
Drug Room Government Owned-Temp (DRE)	0	0	0	0	0
Hospital - Temp (HSP)	2	4	4	2	12
Hospital Government Owned - Temp (HPE)	1	1	6	0	8
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	1	1
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	0	0	0	0	0
Correctional Pharmacy -Temp (LCF)	0	0	0	0	0
Outsourcing Facility - Temp (OSF)	0	0	2	0	2
Outsourcing Facility Nonresident - Temp (NSF)	0	0	1	0	1
Pharmacy - Temp (PHY)	82	51	74	442	649
Pharmacy Government Owned - Temp (PHE)	2	0	0	0	2
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	15	23	34	24	96
Sterile Compounding - Temp (LSC)	7	6	9	6	28
Sterile Compounding Government Owned - Temp (LSE)	1	1	6	0	8
Sterile Compounding Nonresident - Temp (NSC)	1	2	5	3	11
Third-Party Logistics Providers - Temp (TPL)	1	4	0	0	5
Third-Party Logistics Providers Nonresident - Temp (NPL)	2	2	4	6	14
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesaler - Temp (WLS)	8	9	4	6	27
Wholesaler Government Owned - Temp (WLE)	0	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	7	7	12	14	40
Total	**129**	**110**	**161**	**504**	**904**

LICENSES ISSUED

Individual Licenses Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	57	78	155	104	394
Designated Representatives Vet (EXV)	0	7	3	1	11
Designated Representatives-3PL (DRL)	16	43	56	42	157
Designated Representatives-Reverse Distributor (DRR)	2	1	0	3	6
Designated Paramedic (DPM)	0	0	0	1	1
Intern Pharmacist (INT)	458	503	117	114	1,192
Pharmacist (RPH)	665	465	187	247	1,564
Advanced Practice Pharmacist (APH)	19	31	32	77	159
Pharmacy Technician (TCH)	1,228	1,546	1,623	1,347	5,744
Total	**2,445**	**2,674**	**2,173**	**1,936**	**9,228**

Temporary Individual Licenses (Military Spouses/Partners) Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	0	1	2	1	4
Total	**0**	**1**	**2**	**1**	**4**

Site Licenses Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	93	94	50	58	295
Automated Drug Delivery System (ADD(APD))	0	1	1	1	3
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	7	33	9	26	75
Clinics Government Owned (CLE)	23	15	20	9	67
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	1	1
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	2	1	3
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	1	1
Outsourcing Facility Nonresident (NSF)	1	0	2	0	3
Pharmacy (PHY)	16	23	25	6	70
Pharmacy Government Owned (PHE)	3	0	2	5	10
Remote Dispensing Pharmacy (PHR)	0	1	0	0	1
*Pharmacy Nonresident (NRP)	4	2	1	8	14
Sterile Compounding (LSC)	1	5	4	3	13
*Sterile Compounding Government Owned (LSE)	1	0	0	0	2
Sterile Compounding Nonresident (NSC)	2	1	1	0	4
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	2	1	0	3
*Third-Party Logistics Providers Nonresident (NPL)	8	4	9	5	22
Veterinary Food-Animal Drug Retailer (VET)	0	0	6	0	6
Wholesalers (WLS)	13	8	6	7	34
Wholesalers Government Owned (WLE)	0	0	1	0	1
Wholesalers Nonresident (OSD)	11	10	16	25	62
***Total**	**183**	**199**	**156**	**156**	**690**

Site Temporary Licenses Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Drug Room -Temp (DRM)	0	0	0	0	0
Drug Room Government Owned -Temp (DRE)	0	0	0	0	0
Hospital - Temp (HSP)	1	2	3	1	7
Hospital Government Owned - Temp (HPE)	1	1	6	0	8
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	0	0	0	1	1
Correctional Pharmacy - Temp (LCF)	0	0	0	0	0
Outsourcing Facility - Temp (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0	0
Pharmacy - Temp (PHY)	64	77	45	66	252
Pharmacy Government Owned - Temp (PHE)	2	0	0	1	3
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	11	19	22	14	66
Sterile Compounding - Temp (LSC)	2	3	3	8	16
Sterile Compounding Government Owned - Temp (LSE)	0	1	6	0	7
Sterile Compounding Nonresident - Temp (NSC)	0	0	1	4	5
Third-Party Logistics Providers - Temp (TPL)	1	1	0	0	2
Third-Party Logistics Providers Nonresident - Temp (NPL)	3	1	1	0	5
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesaler - Temp (WLS)	6	3	4	5	18
Wholesaler Government Owned - Temp (WLE)	0	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	5	3	6	7	21
Total	**96**	**111**	**97**	**107**	**411**

*The total number of NRP, LSE, and NPL licenses issued for April-June updated 7/26/2024 while validating with the license performance measures.

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

Individual Applications Pending	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Designated Representatives (EXC)	267	273	212	216
Designated Representatives Vet (EXV)	7	4	4	4
Designated Representatives-3PL (DRL)	118	107	95	96
Designated Representatives-Reverse Distributor (DRR)	2	1	4	2
Designated Paramedic (DPM)	0	0	1	0
Intern Pharmacist (INT)	269	102	64	59
Pharmacist (exam not eligible)	1,271	1,399	135	731
Pharmacist (exam eligible)	1,325	854	1,021	1,834
Advanced Practice Pharmacist (APH)	125	123	134	93
Pharmacy Technician (TCH)	2,463	2,011	1,584	1,819
Total	**5,847**	**4,874**	**3,254**	**4,854**

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

Site Applications Pending	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD(AUD))	159	97	59	44
Automated Drug Delivery System (ADD(APD))	46	1	2	0
Automated Drug Delivery System EMS (ADE)	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	1	1	1	1
Centralized Hospital Packaging (CHP)	0	0	0	0
Clinics (CLN)	172	168	192	197
Clinics Government Owned (CLE)	27	24	15	13
Drug Room (DRM)	1	1	1	1
Drug Room Government Owned (DRE)	0	0	0	0
Hospitals (HSP)	7	10	11	11
Hospitals Government Owned (HPE)	1	1	2	2
Hospital Satellite Sterile Compounding (SCP)	2	1	1	2
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0
Hypodermic Needle and Syringes (HYP)	13	14	27	29
Correctional Pharmacy (LCF)	1	1	1	1
Outsourcing Facility (OSF)	1	1	3	4
Outsourcing Facility Nonresident (NSF)	13	15	12	12
Pharmacy (PHY)	262	214	240	611
Pharmacy Government Owned (PHE)	6	10	11	7
Remote Dispensing Pharmacy (PHR)	5	4	4	4
Pharmacy Nonresident (NRP)	181	175	185	193
Sterile Compounding (LSC)	64	58	59	61
Sterile Compounding - Government Owned (LSE)	10	10	12	12
Sterile Compounding Nonresident (NSC)	16	18	20	18
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0
Third-Party Logistics Providers (TPL)	6	6	6	10
Third-Party Logistics Providers Nonresident (NPL)	69	69	66	73
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	1
Wholesalers (WLS)	70	70	75	78
Wholesalers Government Owned (WLE)	2	2	1	1
Wholesalers Nonresident (OSD)	161	167	167	161
Total	**1,296**	**1,138**	**1,173**	**1,547**

Applications Pending with Temporary Licenses Issued - Pending Full License	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Drug Room -Temp (DRM)	1	0	0	0
Drug Room Government Owned-Temp (DRE)	0	0	0	0
Hospital - Temp (HSP)	4	3	5	4
Hospital Government Owned - Temp (HPE)	1	2	7	6
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	0	0	0	1
Correctional Pharmacy -Temp (LCF)	0	0	0	0
Outsourcing Facility - Temp (OSF)	1	0	0	1
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0
Pharmacy - Temp (PHY)	102	126	108	103
Pharmacy Government Owned - Temp (PHE)	2	2	1	1
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	21	28	37	40
Sterile Compounding - Temp (LSC)	6	4	6	11
Sterile Compounding Government Owned - Temp (LSE)	0	1	7	6
Sterile Compounding Nonresident - Temp (NSC)	2	0	1	5
Third-Party Logistics Providers - Temp (TPL)	1	1	0	0
Third-Party Logistics Providers Nonresident - Temp (NPL)	3	3	1	0
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0
Wholesaler - Temp (WLS)	6	5	3	5
Wholesaler Government Owned - Temp (WLE)	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	6	5	7	9
Total	**156**	**180**	**183**	**192**

APPLICATIONS WITHDRAWN

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	0	0	1	7	8
Designated Representatives Vet (EXV)	0	0	0	0	0
Designated Representatives-3PL (DRL)	0	0	0	1	1
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	1	0	1	0	2
Pharmacist (exam applications)	0	0	43	472	515
Advanced Practice Pharmacist (APH)	0	0	0	9	9
Pharmacy Technician (TCH)	2	0	124	43	169
Total	**3**	**0**	**169**	**532**	**704**

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

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	27	12	67	3	109
Automated Drug Delivery System (ADD(APD))	0	44	0	0	44
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	3	4	2	5	14
Clinics Government Owned (CLE)	0	2	0	2	4
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Ownerd (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	1	0	0	1
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	1	0	0	1	2
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	1	1
Outsourcing Facility Nonresident (NSF)	0	0	2	0	2
Pharmacy (PHY)	5	22	3	17	47
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	12	21	1	4	38
Sterile Compounding (LSC)	2	6	3	0	11
Sterile Compounding - Government Owned (LSE)	2	0	0	0	2
Sterile Compounding Nonresident (NSC)	2	1	2	1	6
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	4	0	0	0	4
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	2	1	0	1	4
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	1	0	2	5	8
Total	**61**	**114**	**82**	**40**	**297**

APPLICATIONS DENIED

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	1	2	1	1	5
Designated Representatives Vet (EXV)	0	0	0	0	0
Designated Representatives-3PL (DRL)	0	0	0	0	0
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	0	1	1	0	2
Pharmacist (exam application)	0	0	2	0	2
Pharmacist (exam eligible)	0	1	1	4	6
Advanced Practice Pharmacist (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	5	9	16	12	42
Total	**6**	**13**	**21**	**17**	**57**

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

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	0	0	0	0	0
Clinics Government Owned (CLE)	0	0	0	0	0
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	0	0	0	0	0
Pharmacy (PHY)	1	2	0	0	3
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	0	0	0	1	1
Sterile Compounding (LSC)	0	0	0	0	0
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	0	1	0	1	2
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	0	0	0	0	0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	0	0	0	0	0
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	0	0	0	0	0
Total	**1**	**3**	**0**	**2**	**6**

RESPOND TO STATUS INQUIRIES

Email Inquiries	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative Received	405	424	393	494	1,716
Designated Representative Responded	115	67	276	235	693
Advanced Practice Pharmacist Received	227	189	185	471	1,072
Advanced Practice Pharmacist Responded	29	73	88	332	522
Pharmacist/Intern Received	2,216	1,501	1,197	1,461	6,375
Pharmacist/Intern Responded	2,216	1,501	1,197	1,461	6,375
Pharmacy Technician Received	2,721	1,851	1,524	1,503	7,599
Pharmacy Technician Responded	1,551	854	786	1,205	4,396
Pharmacy Received	2,297	2,073	2,832	2,967	10,169
Pharmacy Responded	1,837	1,269	2,288	2,559	7,953
Sterile Compounding/Outsourcing Received	647	720	1,019	745	3,131
Sterile Compounding/Outsourcing Responded	342	513	521	592	1,968
Wholesale/Hypodermic/3PL Received	811	468	394	1,135	2,808
Wholesale/Hypodermic/3PL Responded	549	592	924	970	3,035
Clinic Received	462	494	467	587	2,010
Clinic Responded	525	428	349	441	1,743
Automated Drug Delivery Systems Received	574	258	449	433	1,714
Automated Drug Delivery Systems Responded	440	174	374	249	1,237
Pharmacist-in-Charge Received	1,063	1,091	1,143	1,110	4,407
Pharmacist-in-Charge Responded	1,074	1,030	1,078	1,160	4,342
Change of Permit Received	598	577	768	541	2,484
Change of Permit Responded	502	481	669	599	2,251
Renewals Received	1,719	1,238	1,483	1,370	5,810
Renewals Responded	1,524	1,064	1,358	1,313	5,259

Telephone Calls Received	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative	0	20	0	0	20
Advanced Practice Pharmacist	98	70	107	85	360
Pharmacist/Intern	1,787	742	510	938	3,977
Pharmacy	634	535	529	485	2,183
Sterile Compounding/Outsourcing	106	73	62	33	274
Wholesale/Hypodermic/3PL	112	102	80	110	404
Clinic	152	63	55	66	336
Automated Drug Delivery Systems	10	4	8	5	27
Pharmacist-in-Charge	384	164	141	172	861
Change of Permit	90	72	84	45	291
Renewals*	961	1,785	2,284	2,475	7,505
Reception*	21,879	18,305	22,580	17,084	79,848

UPDATE LICENSING RECORDS

Change of Pharmacist-in-Charge	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	476	489	464	513	1,942
Processed	502	450	533	393	1,878
Approved	444	496	544	439	1,923
Pending (Data reflects number of pending at the end of the quarter.)	295	291	182	253	253

Change of Designated Representative-in-Charge	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	36	35	50	35	156
Processed	37	22	63	33	155
Approved	29	22	62	48	161
Pending (Data reflects number of pending at the end of the quarter.)	39	51	39	26	26

Change of Responsible Manager	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	13	8	8	10	39
Processed	10	8	11	11	40
Approved	10	7	15	13	45
Pending (Data reflects number of pending at the end of the quarter.)	12	14	8	5	5

Change of Professional Director	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	9	12	24	16	61
Processed	7	7	28	16	58
Approved	12	12	31	31	86
Pending (Data reflects number of pending at the end of the quarter.)	33	31	24	8	8

Change of Permits	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	645	655	440	518	2,258
Processed	908	977	1,116	600	3,601
Approved	513	1,532	1,354	728	4,127
Pending (Data reflects number of pending at the end of the quarter.)	3,497	2,446	1,518	1,204	1,204

Discontinuance of Business	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	134	175	141	115	565
Processed	131	161	179	113	584
Approved	95	111	203	276	685
Pending (Data reflects number of pending at the end of the quarter.)	290	355	310	151	151

Intern Pharmacist Extensions	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	29	18	48	63	158
Processed	46	23	48	63	180
Completed	41	23	35	70	169
Pending (Data reflects number of pending at the end of the quarter.)	17	16	29	18	18

Requests Approved	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Address/Name Changes	2,990	2,326	2,479	2,565	10,360
Off-site Storage	198	14	19	54	285
Transfer of Intern Hours	10	6	12	12	40
License Verification	135	127	144	162	568

DISCONTINUED BUSINESS

discontinued by reported date of closure

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	29	19	65	28	141
Automated Drug Delivery System (ADD(APD))	0	3	0	0	3
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	4	3	2	0	9
Clinics Government Owned (CLE)	4	9	7	5	25
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	1	0	0	1
Correctional Pharmacy (LCF)	1	1	0	0	2
Outsourcing Facility (OSF)	0	1	0	0	1
Outsourcing Facility Nonresident (NSF)	1	0	0	0	1
Pharmacy (PHY)	23	18	22	14	77
Pharmacy (PHY) Chain	36	74	57	46	213
Pharmacy Government Owned (PHE)	0	0	1	0	1
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	6	10	7	3	26
Sterile Compounding (LSC)	9	11	7	4	31
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	1	1	0	1	3
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	1	1
Third-Party Logistics Providers Nonresident (NPL)	2	1	0	2	5
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	6	2	2	2	12
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	6	8	7	5	26
Total	**128**	**162**	**177**	**111**	**578**

LICENSES RENEWED

Individual Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	655	576	669	577	2,477
Designated Representatives Vet (EXV)	16	5	12	15	48
Designated Representatives-3PL (DRL)	111	90	100	111	412
Designated Representatives-Reverse Distributor (DRR)	0	5	2	3	10
Designated Paramedic (DPM)	1	1	0	0	2
Pharmacist (RPH)	6,374	5,809	5,252	5,526	22,961
Advanced Practice Pharmacist (APH)	144	142	148	140	574
Pharmacy Technician (TCH)	7,883	6,858	6,136	6,235	27,112
Total	**15,184**	**13,486**	**12,319**	**12,607**	**53,596**

Site Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(APD & AUD))	192	637	69	220	1,118
Automated Drug Delivery System EMS (ADE)	0	0	1	0	1
Automated Patient Dispensing System 340B Clinic (ADC)	0	1	0	0	1
Centralized Hospital Packaging Government Owned (CHE)	1	0	0	1	2
Centralized Hospital Packaging (CHP)	4	0	3	1	8
Clinics (CLN)	419	281	445	227	1,372
Clinics Government Owned (CLE)	57	798	44	12	911
Drug Room (DRM)	3	5	9	3	20
Drug Room Government Owned (DRE)	1	8	0	0	9
Hospitals (HSP)	61	160	87	95	403
Hospitals Government Owned (HPE)	43	13	3	22	81
Hospital Satellite Sterile Compounding (SCP)	2	1	0	1	4
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	0	0	2	4
Hypodermic Needle and Syringes (HYP)	63	42	53	43	201
Correctional Pharmacy (LCF)	5	49	0	0	54
Outsourcing Facility (OSF)	1	1	1	0	3
Outsourcing Facility Nonresident (NSF)	2	4	5	6	17
Pharmacy (PHY)	1,153	2,065	1,238	1,343	5,799
Pharmacy Government Owned (PHE)	51	58	12	19	140
Remote Dispensing Pharmacy (PHR)	0	2	0	1	3
Pharmacy Nonresident (NRP)	125	124	160	115	524
Sterile Compounding (LSC)	143	263	130	139	675
Sterile Compounding Government Owned (LSE)	58	6	5	32	101
Sterile Compounding Nonresident (NSC)	8	14	13	13	48
Surplus Medication Collection Distribution Intermediary (SME)	1	0	0	0	1
Third-Party Logistics Providers (TPL)	13	4	10	6	33
Third-Party Logistics Providers Nonresident (NPL)	47	36	25	24	132
Veterinary Food-Animal Drug Retailer (VET)	2	3	10	4	19
Wholesalers (WLS)	125	81	102	96	404
Wholesalers Government Owned (WLE)	3	5	0	1	9
Wholesalers Nonresident (OSD)	212	158	182	164	716
Total	**2,797**	**4,819**	**2,607**	**2,590**	**12,813**

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

Individual Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Designated Representatives (EXC)	2,829	2,823	2,902	2,911
Designated Representatives Vet (EXV)	55	58	61	60
Designated Representatives-3PL (DRL)	480	509	549	576
Designated Representatives-Reverse Distributor (DRR)	15	16	16	19
Designated Paramedic (DPM)	3	3	2	3
Intern Pharmacist (INT)	4,740	4,900	4,876	4,421
Pharmacist (RPH)	49,906	50,154	50,051	49,893
Advanced Practice Pharmacist (APH)	1,210	1,241	1,272	1,348
Pharmacy Technician (TCH)	65,218	65,803	66,098	65,793
Total	**124,456**	**125,507**	**125,827**	**125,024**

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

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD(AUD))	1,094	1,118	1,133	1,102
Automated Drug Delivery System (ADD(APD))	20	18	16	17
Automated Drug Delivery System EMS (ADE)	1	1	1	1
Automated Patient Dispensing System 340B Clinic (ADC)	1	1	1	1
Centralized Hospital Packaging Government Owned (CHE)	2	2	2	2
Centralized Hospital Packaging (CHP)	8	8	8	8
Clinics (CLN)	1,404	1,429	1,436	1,456
Clinics Government Owned (CLE)	938	944	956	950
Drug Room (DRM)	21	21	21	21
Drug Room Government Owned (DRE)	10	10	10	10
Hospitals (HSP)	399	399	397	396
Hospitals Government Owned (HPE)	77	78	84	84
Hospital Satellite Sterile Compounding (SCP)	4	4	4	4
Hospital Satellite Sterile Compounding Government Owned (SCE)	4	4	4	5
Hypodermic Needle and Syringes (HYP)	237	231	233	233
Correctional Pharmacy (LCF)	57	56	56	55
Outsourcing Facility (OSF)	4	4	3	3
Outsourcing Facility Nonresident (NSF)	20	20	21	21
Pharmacy (PHY)	6,091	6,072	5,990	5,944
Pharmacy Government Owned (PHE)	144	144	145	147
Remote Dispensing Pharmacy (PHR)	2	3	3	3
Pharmacy Nonresident (NRP)	599	607	602	601
Sterile Compounding (LSC)	707	706	692	686
Sterile Compounding Government Owned (LSE)	103	104	109	110
Sterile Compounding Nonresident (NSC)	58	58	57	54
Surplus Medication Collection Distribution Intermediary (SME)	1	1	1	1
Third-Party Logistics Providers (TPL)	36	39	40	40
Third-Party Logistics Providers Nonresident (NPL)	140	143	153	157
Veterinary Food-Animal Drug Retailer (VET)	18	18	18	18
Wholesalers (WLS)	477	481	482	485
Wholesalers Government Owned (WLE)	10	10	11	11
Wholesalers Nonresident (OSD)	809	809	818	824
Total	**13,496**	**13,543**	**13,507**	**13,450**
Total Population of Licenses	**137,952**	**139,051**	**139,337**	**138,478**

Licensing Statistics 3-Year Comparison

APPLICATIONS RECEIVED

Individual Applications	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Designated Representatives (EXC)	379	465	394	4%	
Designated Representatives Vet (EXV)	3	8	8	167%	
Designated Representatives-3PL (DRL)	116	145	151	30%	
Designated Representatives-Reverse Distributor (DRR)	6	6	6	0%	
Designated Paramedic (DPM)	1	1	1	0%	
Intern Pharmacist (INT)	1,534	1,312	1,178	-23%	
Pharmacist Exam Appllications	2,135	2,009	1,787	-16%	
Pharmacist Retake Exam Applications (exam applications)	1,860	1,459	1,377	-26%	
Pharmacist (initial licensing applications)	1,701	1,801	1,555	-9%	
Advanced Practice Pharmacist (APH)	140	163	157	12%	
Pharmacy Technician (TCH)	5,478	5,494	5,239	-4%	
Total	**13,353**	**12,863**	**11,853**	**-11%**	

Temporary Individual Applications (Military Spouse/Partners)	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Temp-Designated Representatives-Wholesaler (TEX)	N/A	N/A	0	n/a	
Temp-Designated Representatives-3PL (TDR)	N/A	N/A	0	n/a	
Temp-Designated Representatives-Reverse Distributor (TRR)	N/A	N/A	0	n/a	
Temp-Designated Paramedic (TDP)	N/A	N/A	0	n/a	
Temp-Intern Pharmacist (TIN)	N/A	N/A	0	n/a	
Temp-Pharmacist (TRP)	N/A	N/A	0	n/a	
Temp-Advanced Practice Pharmacist (TAP)	N/A	N/A	0	n/a	
Temp-Pharmacy Technician (TTC)	N/A	N/A	6	100%	
Total	**N/A**	**N/A**	**6**	**100%**	

Licensing Statistics 3-Year Comparison

Site Applications*	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Automated Drug Delivery System (ADD(AUD)) ** ADD (AUD & APD) Combined in AUD for FY 19-21.	196	381	240	22%	
Automated Drug Delivery System (ADD(APD)) ** ADD (AUD & APD) Combined in AUD for FY 19-21.	8	4	4	-50%	
Automated Drug Delivery System EMS (ADE)	0	0	0	n/a	
Automated Patient Dispensing System 340B Clinic (ADC)	2	1	0	-100%	
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	n/a	
Centralized Hospital Packaging (CHP)	1	0	0	-100%	
Clinics (CLN)	95	263	137	44%	
Clinics Government Owned (CLE)	59	49	60	2%	
Drug Room (DRM)	2	0	0	-100%	
Drug Room Government Owned (DRE)	0	0	0	n/a	
Hospitals (HSP)	29	13	13	-55%	
Hospitals Government Owned (HPE)	0	0	8	100%	
Hospital Satellite Sterile Compounding (SCP)	0	1	2	100%	
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	n/a	
Hypodermic Needle and Syringes (HYP)	8	6	21	163%	
Correctional Pharmacy (LCF)	1	2	0	-100%	
Outsourcing Facility (OSF)	0	2	5	100%	
Outsourcing Facility Nonresident (NSF)	2	10	6	200%	
Pharmacy (PHY)	291	365	378	30%	
Pharmacy (PHY) Chain	93	17	371	299%	
Pharmacy Government Owned (PHE)	5	3	5	0%	
Remote Dispensing Pharmacy (PHR)	1	1	0	-100%	
Pharmacy Nonresident (NRP)	142	110	136	-4%	
Sterile Compounding (LSC)	60	49	42	-30%	
Sterile Compounding Government Owned (LSE)	7	3	10	43%	
Sterile Compounding Nonresident (NSC)	13	15	17	31%	
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	n/a	
Third-Party Logistics Providers (TPL)	5	4	11	120%	
Third-Party Logistics Providers Nonresident (NPL)	34	45	32	-6%	
Veterinary Food-Animal Drug Retailer (VET)	1	2	1	0%	
Wholesalers (WLS)	45	58	66	47%	
Wholesalers Government Owned (WLE)	0	0	1	100%	
Wholesalers Nonresident (OSD)	97	119	103	6%	
Total	**1,197**	**1,523**	**1,669**	**39%**	
*Number of applications received includes the number of temporary applications received.					

Licensing Statistics 3-Year Comparison

Applications Received with Temporary License Requests	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Drug Room -Temp (DRM)	1	0	0	-100%	
Drug Room Government Owned -Temp (DRE)	0	0	0	n/a	
Hospitals - Temp (HSP)	30	11	12	-60%	
Hospital Government Owned -Temp (HPE)	0	0	8	100%	
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	1	100%	
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	0	0	0	n/a	
Correctional Pharmacy - Temp (LCF)	0	0	0	n/a	
Outsourcing Facility - Temp (OSF)	0	2	2	100%	
Outsourcing Facility Nonresident - Temp (NSF)	0	3	1	100%	
Pharmacy - Temp (PHY)	306	275	649	112%	
Pharmacy Government Owned - Temp (PHE)	1	1	2	100%	
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	n/a	
Pharmacy Nonresident - Temp (NRP)	103	63	96	-7%	
Sterile Compounding - Temp (LSC)	48	22	28	-42%	
Sterile Compounding Government Owned - Temp (LSE)	1	0	8	700%	
Sterile Compounding Nonresident - Temp (NSC)	9	9	11	22%	
Third-Party Logistics Providers - Temp (TPL)	4	4	5	25%	
Third-Party Logistics Providers Nonresident - Temp (NPL)	11	11	14	27%	
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	2	0	0%	
Wholesalers - Temp (WLS)	21	25	27	29%	
Wholesaler Government Owned - Temp (WLE)	0	0	0	n/a	
Wholesalers Nonresident - Temp (OSD)	46	60	40	-13%	
Total	**581**	**488**	**904**	**56%**	
Total Applications Received	**15,131**	**14,874**	**14,432**	**-5%**	

Licensing Statistics 3-Year Comparison

LICENSES ISSUED

Individual Licenses	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Designated Representatives (EXC)	325	434	394	21%	
Designated Representatives Vet (EXV)	1	6	11	1000%	
Designated Representatives-3PL (DRL)	62	137	157	153%	
Designated Representatives-Reverse Distributor (DRR)	3	7	6	100%	
Designated Paramedic (DPM)	1	1	1	0%	
Intern Pharmacist (INT)	1,481	1,323	1,192	-20%	
Pharmacist (RPH)	1,692	1,815	1,564	-8%	
Advanced Practice Pharmacist (APH)	178	154	159	-11%	
Pharmacy Technician (TCH)	5,790	3,742	5,744	-1%	
Total	**9,533**	**7,619**	**9,228**	**-3%**	

Temporary Individual Licenses (Military Spouse/Partners)	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Temp-Designated Representatives-Wholesaler (TEX)	N/A	N/A	0	n/a	
Temp-Designated Representatives-3PL (TDR)	N/A	N/A	0	n/a	
Temp-Designated Representatives-Reverse Distributor (TRR)	N/A	N/A	0	n/a	
Temp-Designated Paramedic (TDP)	N/A	N/A	0	n/a	
Temp-Intern Pharmacist (TIN)	N/A	N/A	0	n/a	
Temp-Pharmacist (TRP)	N/A	N/A	0	n/a	
Temp-Advanced Practice Pharmacist (TAP)	N/A	N/A	0	n/a	
Temp-Pharmacy Technician (TTC)	N/A	N/A	4	n/a	
Total	**N/A**	**N/A**	**4**	n/a	

Licensing Statistics 3-Year Comparison

*The total number of NRP, LSE, and NPL licenses issued for April-June updated 7/26/2024 while validating with the license performance measures.

Site Licenses	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Automated Drug Delivery System (ADD(AUD)) ** ADD (AUD & APD) Combined in AUD for FY 19-21.	172	290	295	72%	
Automated Drug Delivery System (ADD(APD)) ** ADD (AUD & APD) Combined in AUD for FY 19-21.	21	3	3	n/a	
Automated Drug Delivery System EMS (ADE)	0	0	0	n/a	
Automated Patient Dispensing System 340B Clinic (ADC)	0	1	0	0%	
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	n/a	
Centralized Hospital Packaging (CHP)	1	0	0	-100%	
Clinics (CLN)	80	198	75	-6%	
Clinics Government Owned (CLE)	52	44	67	29%	
Drug Room (DRM)	0	0	0	n/a	
Drug Room Government Owned (DRE)	0	0	0	n/a	
Hospitals (HSP)	2	0	1	-50%	
Hospitals Government Owned (HPE)	1	0	0	-100%	
Hospital Satellite Sterile Compounding (SCP)	0	0	0	n/a	
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	2	0	0%	
Hypodermic Needle and Syringes (HYP)	3	5	3	0%	
Correctional Pharmacy (LCF)	0	0	0	n/a	
Outsourcing Facility (OSF)	0	0	1	n/a	
Outsourcing Facility Nonresident (NSF)	1	2	3	200%	
Pharmacy (PHY)	92	63	70	-24%	
Pharmacy Government Owned (PHE)	5	5	10	100%	
Remote Dispensing Pharmacy (PHR)	1	0	1	0%	
*Pharmacy Nonresident (NRP)	31	31	15	-52%	
Sterile Compounding (LSC)	26	21	13	-50%	
*Sterile Compounding Government Owned (LSE)	6	2	1	-83%	
Sterile Compounding Nonresident (NSC)	0	4	4	100%	
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	n/a	
Third-Party Logistics Providers (TPL)	3	3	3	0%	
*Third-Party Logistics Providers Nonresident (NPL)	9	18	26	189%	
Veterinary Food-Animal Drug Retailer (VET)	1	2	6	500%	
Wholesalers (WLS)	27	23	34	26%	
Wholesalers Government Owned (WLE)	1	0	1	0%	
Wholesalers Nonresident (OSD)	53	53	62	17%	
***Total**	**588**	**770**	**694**	**18%**	

Site Temporary Licenses	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Drug Room -Temp (DRM)	4	1	0	-100%	
Drug Room Government Owned -Temp (DRE)	0	0	0	n/a	
Hospitals - Temp (HSP)	28	10	7	-75%	
Hospital Government Owned -Temp (HPE)	0	0	8	100%	
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	n/a	
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	0	0	1	100%	
Correctional Pharmacy - Temp (LCF)	0	0	0	n/a	
Outsourcing Facility - Temp (OSF)	0	1	0	0%	
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	n/a	
Pharmacy - Temp (PHY)	289	202	252	-13%	
Pharmacy Government Owned - Temp (PHE)	0	1	3	100%	
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	n/a	
Pharmacy Nonresident - Temp (NRP)	85	49	66	-22%	
Sterile Compounding - Temp (LSC)	36	24	16	-56%	

Licensing Statistics 3-Year Comparison

Sterile Compounding Government Owned - Temp (LSE)	0	0	7	100%	
Sterile Compounding Nonresident - Temp (NSC)	4	3	5	25%	
Third-Party Logistics Providers - Temp (TPL)	1	1	2	100%	
Third-Party Logistics Providers Nonresident - Temp (NPL)	9	8	5	-44%	
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	n/a	
Wholesalers - Temp (WLS)	11	9	18	64%	
Wholesaler Government Owned - Temp (WLE)	0	0	0	n/a	
Wholesalers Nonresident - Temp (OSD)	34	29	21	-38%	
Total	**501**	**335**	**411**	**-18%**	
Total Licenses Issued	**10,622**	**8,724**	**10,333**	**-3%**	

Licensing Statistics 3-Year Comparison

PENDING APPLICATIONS

Individual Applications	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Designated Representatives (EXC)	291	226	216	-26%	
Designated Representatives Vet (EXV)	9	7	4	-56%	
Designated Representatives-3PL (DRL)	101	99	96	-5%	
Designated Representatives-Reverse Distributor (DRR)	5	3	2	-60%	
Designated Paramedic (DPM)	0	0	0	0%	
Intern Pharmacist (INT)	162	87	59	-64%	
Pharmacist (exam applications)	1,645	1,322	731	-56%	
Pharmacist (eligible)	1,843	1,785	1,834	0%	
Advanced Practice Pharmacist (APH)	98	104	93	-5%	
Pharmacy Technician (TCH)	962	2,483	1,819	89%	
Total	**5,116**	**6,116**	**4,854**	**-5%**	

Temporary Individual Applications (Military Spouses/Partner)	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Temp-Designated Representatives-Wholesaler (TEX)	N/A	N/A	0	n/a	
Temp-Designated Representatives-3PL (TDR)	N/A	N/A	0	n/a	
Temp-Designated Representatives-Reverse Distributor (TRR)	N/A	N/A	0	n/a	
Temp-Designated Paramedic (TDP)	N/A	N/A	0	n/a	
Temp-Intern Pharmacist (TIN)	N/A	N/A	0	n/a	
Temp-Pharmacist (TRP)	N/A	N/A	0	n/a	
Temp-Advanced Practice Pharmacist (TAP)	N/A	N/A	0	n/a	
Temp-Pharmacy Technician (TTC)	N/A	N/A	1	n/a	
Total	**N/A**	**N/A**	**1**	**n/a**	

Site Applications	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Automated Drug Delivery System (ADD(AUD))	119	206	44	-63%	
Automated Drug Delivery System (ADD(APD))	46	46	0	-100%	
Automated Drug Delivery System EMS (ADE)	0	0	0	n/a	
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	n/a	
Centralized Hospital Packaging Government Owned (CHE)	1	1	1	0%	
Centralized Hospital Packaging (CHP)	2	0	0	-100%	
Clinics (CLN)	116	160	197	70%	
Clinics Government Owned (CLE)	26	19	13	-50%	
Drug Room (DRM)	2	1	1	-50%	
Drug Room Government Owned (DRE)	0	0	0	n/a	
Hospitals (HSP)	9	6	11	22%	
Hospitals Government Owned (HPE)	1	2	2	100%	
Hospital Satellite Sterile Compounding (SCP)	1	2	2	100%	
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	0	0	-100%	
Hypodermic Needle and Syringes (HYP)	14	15	29	107%	
Correctional Pharmacy (LCF)	1	1	1	0%	
Outsourcing Facility (OSF)	0	1	4	100%	
Outsourcing Facility Nonresident (NSF)	9	12	12	33%	
Pharmacy (PHY)	185	248	611	230%	
Pharmacy Government Owned (PHE)	8	9	7	-13%	
Remote Dispensing Pharmacy (PHR)	4	5	4	0%	
Pharmacy Nonresident (NRP)	179	189	193	8%	
Sterile Compounding (LSC)	70	59	61	-13%	
Sterile Compounding Government Owned (LSE)	9	12	12	33%	
Sterile Compounding Nonresident (NSC)	21	18	18	-14%	
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	n/a	
Third-Party Logistics Providers (TPL)	5	4	10	100%	
Third-Party Logistics Providers Nonresident (NPL)	62	75	73	18%	

Licensing Statistics 3-Year Comparison

Veterinary Food-Animal Drug Retailer	0	0	1	100%	
Wholesalers (WLS)	47	70	78	66%	
Wholesalers Government Owned (WLE)	1	1	1	0%	
Wholesalers Nonresident (OSD)	121	153	161	33%	
Total	**942**	**1,109**	**1,503**	**60%**	
The number of temps pending issuance is reported in the primary license.					

Licensing Statistics 3-Year Comparison

Applications Pending with Temporary Licenses Issued - Pending Full License	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Drug Room -Temp (DRM)	3	1	0	-100%	
Drug Room Government Owned -Temp (DRE)	0	0	0	n/a	
Hospitals - Temp (HSP)	22	7	4	-82%	
Hospital Government Owned -Temp (HPE)	0	0	6	100%	
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	n/a	
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	0	0	1	100%	
Correctional Pharmacy - Temp (LCF)	0	0	0	n/a	
Outsourcing Facility - Temp (OSF)	0	1	1	100%	
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	n/a	
Pharmacy - Temp (PHY)	189	98	103	-46%	
Pharmacy Government Owned - Temp (PHE)	0	0	1	100%	
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	n/a	
Pharmacy Nonresident - Temp (NRP)	56	20	40	-29%	
Sterile Compounding - Temp (LSC)	26	9	11	-58%	
Sterile Compounding Government Owned - Temp (LSE)	0	0	6	100%	
Sterile Compounding Nonresident - Temp (NSC)	3	2	5	67%	
Third-Party Logistics Providers - Temp (TPL)	0	0	0	n/a	
Third-Party Logistics Providers Nonresident - Temp (NPL)	3	1	0	-100%	
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	n/a	
Wholesalers - Temp (WLS)	3	1	5	67%	
Wholesaler Government Owned - Temp (WLE)	0	0	0	n/a	
Wholesalers Nonresident - Temp (OSD)	9	12	9	0%	
Total	**314**	**152**	**192**	**-39%**	
Total Licenses Pending	**6,372**	**7,377**	**6,550**	**3%**	

Licensing Statistics 3-Year Comparison

WITHDRAWN APPLICATIONS

Individual Applications	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Designated Representatives (EXC)	4	107	8	100%	
Designated Representatives Vet (EXV)	0	3	0	n/a	
Designated Representatives-3PL (DRL)	0	9	1	100%	
Designated Representatives-Reverse Distributor (DRR)	0	1	0	0%	
Designated Paramedic (DPM)	0	0	0	n/a	
Intern Pharmacist (INT)	2	59	2	0%	
Pharmacist (Exam)*	449	258	515	15%	
Advanced Practice Pharmacist (APH)	0	0	9	100%	
Pharmacy Technician (TCH)	493	111	169	-66%	
Total	**948**	**548**	**704**	**-26%**	

Temporary Individual Applications (Military Spouses/Partners)	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Temp-Designated Representatives-Wholesaler (TEX)	N/A	N/A	0	n/a	
Temp-Designated Representatives-3PL (TDR)	N/A	N/A	0	n/a	
Temp-Designated Representatives-Reverse Distributor (TRR)	N/A	N/A	0	n/a	
Temp-Designated Paramedic (TDP)	N/A	N/A	0	n/a	
Temp-Intern Pharmacist (TIN)	N/A	N/A	0	n/a	
Temp-Pharmacist (TRP)	N/A	N/A	0	n/a	
Temp-Advanced Practice Pharmacist (TAP)	N/A	N/A	0	n/a	
Temp-Pharmacy Technician (TTC)	N/A	N/A	0	n/a	
Total	**N/A**	**N/A**	**0**	**n/a**	

Site Applications	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Automated Drug Delivery System (ADD(AUD))	36	9	109	203%	
Automated Drug Delivery System (ADD(APD))	5	0	44	780%	
(ADE)	0	0	0	n/a	
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	n/a	
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	n/a	
Centralized Hospital Packaging (CHP)	1	2	0	-100%	
Clinics (CLN)	6	15	14	133%	
Clinics Government Owned (CLE)	3	14	4	33%	
Drug Room (DRM)	0	1	0	0%	
Drug Room Government Owned (DRE)	0	0	0	n/a	
Hospitals (HSP)	0	2	0	0%	
Hospitals Government Owned (HPE)	0	0	0	n/a	
Hospital Satellite Sterile Compounding (SCP)	0	0	1	100%	
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	n/a	
Hypodermic Needle and Syringes (HYP)	0	0	2	100%	
Correctional Pharmacy (LCF)	0	0	0	n/a	
Outsourcing Facility (OSF)	0	0	1	10%	
Outsourcing Facility Nonresident (NSF)	1	2	2	100%	
Pharmacy (PHY)	14	40	47	236%	
Pharmacy Government Owned (PHE)	1	0	0	-100%	
Remote Dispensing Pharmacy (PHR)	0	0	0	n/a	
Pharmacy Nonresident (NRP)	9	13	38	322%	
Sterile Compounding (LSC)	4	10	11	175%	
Sterile Compounding Government Owned (LSE)	1	1	2	100%	
Sterile Compounding Nonresident (NSC)	3	9	6	100%	
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	n/a	
Third-Party Logistics Providers (TPL)	0	1	0	0%	
Third-Party Logistics Providers Nonresident (NPL)	6	7	4	-33%	

Licensing Statistics 3-Year Comparison

Veterinary Food-Animal Drug Retailer (VET)	0	0	0	n/a	
Wholesalers (WLS)	1	3	4	300%	
Wholesalers Government Owned (WLE)	0	0	0	n/a	
Wholesalers Nonresident (OSD)	10	4	8	-20%	
Total	**65**	**124**	**297**	**357%**	
Total Applications Withdrawn	**1,013**	**672**	**1,001**	**-1%**	
The number of temps withdrawn is reflected in the number reported for the primary license.					

Licensing Statistics 3-Year Comparison

DENIED APPLICATIONS

Individual Applications	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Designated Representative (EXC)	0	2	5	100%	
Designated Representatives Vet (EXV)	0	0	0	n/a	
Designated Representatives-3PL (DRL)	1	0	0	-100%	
Designated Paramedic (DPM)	0	0	0	n/a	
Designated Representatives-Reverse Distributor (DRR)	0	0	0	n/a	
Intern Pharmacist (INT)	0	3	2	100%	
Pharmacist (exam applications)	5	9	2	-60%	
Pharmacist (eligible)	0	0	6	100%	
Advanced Practice Pharmacist (APH)	0	0	0	n/a	
Pharmacy Technician (TCH)	30	40	42	40%	
Total	**14**	**36**	**52**	**271%**	

Temporary Individual Applications (Military Spouses/Partners)	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Temp-Designated Representatives-Wholesaler (TEX)	N/A	N/A	0	n/a	
Temp-Designated Representatives-3PL (TDR)	N/A	N/A	0	n/a	
Temp-Designated Representatives-Reverse Distributor (TRR)	N/A	N/A	0	n/a	
Temp-Designated Paramedic (TDP)	N/A	N/A	0	n/a	
Temp-Intern Pharmacist (TIN)	N/A	N/A	0	n/a	
Temp-Pharmacist (TRP)	N/A	N/A	0	n/a	
Temp-Advanced Practice Pharmacist (TAP)	N/A	N/A	0	n/a	
Temp-Pharmacy Technician (TTC)	N/A	N/A	0	n/a	
Total	**N/A**	**N/A**	**0**	**n/a**	

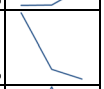
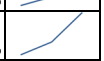
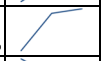
Site Applications	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Governmenmt Owned (CHE)	0	0	0	n/a	
Centralized Hospital Packaging (CHP)	0	0	0	n/a	
Clinics (CLN)	0	0	0	n/a	
Clinics Government Owned (CLE)	0	0	0	n/a	
Drug Room (DRM)	0	0	0	n/a	
Drug Room Government Owned (DRE)	0	0	0	n/a	
Hospitals (HSP)	0	0	0	n/a	
Hospitals Government Owned (HPE)	0	0	0	n/a	
Hospital Satellite Sterile Compounding (SCP)	0	0	0	n/a	
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	n/a	
Hypodermic Needle and Syringes (HYP)	0	0	0	n/a	
Hypodermic Needle and Syringes Government Owned (HYE)	0	0	0	n/a	
Correctional Pharmacy (LCF)	0	0	0	n/a	
Outsourcing Facility (OSF)	0	0	0	n/a	
Outsourcing Facility Nonresident (NSF)	1	3	0	-100%	
Pharmacy (PHY)	12	14	3	-75%	
Pharmacy Government Owned (PHE)	0	0	0	n/a	
Remote Dispensing Pharmacy (PHR)	0	0	0	n/a	
Pharmacy Nonresident (NRP)	3	0	1	-67%	
Sterile Compounding (LSC)	0	1	0	0%	
Sterile Compounding Government Owned (LSE)	0	0	0	n/a	
Sterile Compounding Nonresident (NSC)	2	2	2	0%	
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	n/a	
Third-Party Logistics Providers (TPL)	0	0	0	n/a	
Third-Party Logistics Providers Nonresident (NPL)	0	0	0	n/a	
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	n/a	
Wholesalers (WLS)	1	0	0	-100%	
Wholesalers Government Owned (WLE)	0	0	0	n/a	
Wholesalers Nonresident (OSD)	0	0	0	n/a	
Total	**19**	**20**	**6**	**-68%**	

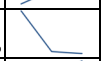
Licensing Statistics 3-Year Comparison

Total Applications Denied	**55**	**72**	**58**	**5%**	
The number of temps denied is reflected in the number reported for the primary license.					

Licensing Statistics 3-Year Comparison

RESPOND TO STATUS INQUIRIES

Email Inquiries	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Designated Represenative Received	1,724	1,606	1,716	0%	
Designated Represenative Responded	1,021	776	693	-32%	
Advanced Practice Pharmacist Received	603	518	1,072	78%	
Advanced Practice Pharmacist Responded	429	320	522	22%	
Pharmacist/Intern Received	6,089	7,211	6,375	5%	
Pharmacist/Intern Responded	3,811	5,209	6,375	67%	
Pharmacy Technician Received	6,390	7,066	7,599	19%	
Pharmacy Technician Responded	7,016	4,699	4,396	-37%	
Pharmacy Received	8,105	7,565	10,169	25%	
Pharmacy Responded	6,063	6,114	7,953	31%	
Sterile Compounding/Outsourcing/CHP Received	4,132	3,280	3,131	-24%	
Sterile Compounding/Outsourcing/CHP Responded	2,010	2,473	1,968	-2%	
Wholesale/Hypodermic/3PL Received	2,361	2,586	2,808	19%	
Wholesale/Hypodermic/3PL Responded	1,001	1,615	3,035	203%	
Clinic Received	N/A	928	2,010	n/a	
Clinic Responded	N/A	827	1,743	n/a	
Automated Drug Delivery System (ADD/ADC/ADE) Received	1,027	710	1,714	67%	
Automated Drug Delivery System (ADD/ADC/ADE) Responded	776	680	1,237	59%	
Change of PIC/DRIC/RMG and DOB Received	3,942	4,145	4,407	12%	
Change of PIC/DRIC/RMG and DOB Responded	3,419	4,243	4,342	27%	
Change of Permit Received	2,785	1,977	2,484	-11%	
Change of Permit Responded	1,833	843	2,251	23%	
Renewals Received	9,077	7,750	5,810	-36%	
Renewals Responded	8,222	6,701	5,259	-36%	

Telephone Calls Received	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Designated Represenative	287	0	20	-93%	
Advanced Practice Pharmacist	245	542	360	47%	
Pharmacist/Intern	2,966	5,157	3,977	34%	
Pharmacy	1,488	2,066	2,183	47%	
Sterile Compounding/Outsourcing/CHP	137	390	274	100%	
Wholesale/Hypodermic/3PL	334	271	404	21%	
Clinic	N/A	266	336	n/a	
Automated Drug Delivery System (ADD/ADC/ADE) Received	579	53	27	-95%	
Change of PIC/DRIC/RMG and DOB	539	569	861	60%	
Change of Permit	283	298	291	3%	
*Renewals	4,499	5,307	7,505	67%	
*Reception	68,493	75,767	79,848	17%	

The board did not collected the data separately for the items identified as "n/a".

Licensing Statistics 3-Year Comparison

UPDATE LICENSING RECORDS

Change of Pharmacist-in-Charge	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Received	2,475	2,349	1,942	-22%	
Processed	2,473	2,366	1,878	-24%	
Approved	2,454	2,421	1,923	-22%	
Pending	337	258	253	-25%	
Change of Designated Representative-in-Charge	**FY 21/22**	**FY 22/23**	**FY 23/24**	**% CHANGE FY 21/22 to FY 23/24**	**TREND LINES**
Received	168	172	156	-7%	
Processed	167	178	155	-7%	
Approved	152	218	161	6%	
Pending	79	32	26	-67%	
Change of Responsible Manager	**FY 21/22**	**FY 22/23**	**FY 23/24**	**% CHANGE FY 21/22 to FY 23/24**	**TREND LINES**
Received	34	39	39	15%	
Processed	34	38	40	18%	
Approved	31	37	45	45%	
Pending	9	9	5	-44%	
Change of Professional Director*	**FY 21/22**	**FY 22/23**	**FY 23/24**	**% CHANGE FY 21/22 to FY 23/24**	**TREND LINES**
Received	117	122	61	-48%	
Processed	115	115	60	-48%	
Approved	144	164	88	-39%	
Pending	79	36	8	-90%	
Change of Permits	**FY 21/22**	**FY 22/23**	**FY 23/24**	**% CHANGE FY 21/22 to FY 23/24**	**TREND LINES**
Received	2,085	2,127	2,258	8%	
Processed	1,337	833	3,601	169%	
Approved	1,200	972	4,127	244%	
Pending	2,744	3,760	1,204	-56%	
Discontinuance of Business	**FY 21/22**	**FY 22/23**	**FY 23/24**	**% CHANGE FY 21/22 to FY 23/24**	**TREND LINES**
Received	436	511	565	30%	
Processed	437	483	584	34%	
Approved	408	572	685	68%	
Pending	330	381	151	-54%	
Intern Pharmacist Extensions	**FY 21/22**	**FY 22/23**	**FY 23/24**	**% CHANGE FY 21/22 to FY 23/24**	**TREND LINES**
Received	189	163	158	-16%	
Processed	184	152	180	-2%	
Completed	171	159	169	-1%	
Pending	32	32	18	-44%	
Requests Approved	**FY 21/22**	**FY 22/23**	**FY 23/24**	**% CHANGE FY 21/22 to FY 23/24**	**TREND LINES**
Address/Name Changes	12,150	10,872	10,360	-15%	
Off-site Storage	100	323	285	185%	
Transfer of Intern Hours	35	40	40	14%	
License Verification	708	581	568	-20%	

Licensing Statistics 3-Year Comparison

DISCONTINUED OF BUSINESS

Site Licenses	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Automated Drug Delivery System (ADD(AUD))	57	76	141	147%	
Automated Drug Delivery System (ADD(APD))	12	30	3	-75%	
Automated Drug Delivery System EMS (ADE)	0	0	0	n/a	
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	n/a	
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	n/a	
Centralized Hospital Packaging (CHP)	0	1	0	n/a	
Clinics (CLN)	5	27	9	80%	
Clinics Government Owned (CLE)	27	22	25	-7%	
Drug Room (DRM)	0	0	0	n/a	
Drug Room Government Owned (DRE)	0	0	0	n/a	
Hospitals (HSP)	3	2	0	-100%	
Hospitals Government Owned (HPE)	0	2	0	0%	
Hospital Satellite Sterile Compounding (SCP)	0	0	0	n/a	
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	n/a	
Hypodermic Needle and Syringes (HYP)	1	1	1	0%	
Correctional Pharmacy (LCF)	1	3	2	100%	
Outsourcing Facility (OSF)	0	0	1	100%	
Outsourcing Facility Nonresident (NSF)	3	1	1	-67%	
Pharmacy (PHY)	93	126	77	-17%	
Pharmacy (PHY) chain	98	154	213	117%	
Pharmacy Government Owned (PHE)	6	0	1	-83%	
Remote Dispensing Pharmacy (PHR)	0	0	0	n/a	
Pharmacy Nonresident (NRP)	20	22	26	30%	
Sterile Compounding (LSC)	27	44	31	15%	
Sterile Compounding Government Owned (LSE)	5	2	0	-100%	
Sterile Compounding Nonresident (NSC)	4	3	3	-25%	
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	n/a	
Third-Party Logistics Providers (TPL)	0	2	1	0%	
Third-Party Logistics Providers Nonresident (NPL)	2	8	5	150%	
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	n/a	
Wholesalers (WLS)	16	25	12	-25%	
Wholesalers Government Owned (WLE)	0	0	0	n/a	
Wholesalers Nonresident (OSD)	13	23	26	100%	
Total	**336**	**498**	**578**	**72%**	

Licensing Statistics 3-Year Comparison

LICENSES RENEWED

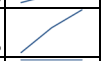
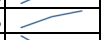
Individual Licenses Renewed	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Designated Representatives (EXC)	2,469	2,270	2,477	0%	
Designated Representatives Vet (EXV)	53	45	48	-9%	
Designated Representatives-3PL (DRL)	347	338	412	19%	
Designated Representatives-Reverse Distributor (DRR)	4	7	10	150%	
Designated Paramedic (DPM)	2	0	2	0%	
Pharmacist (RPH)	22,563	21,542	22,961	2%	
Advanced Practice Pharmacist (APH)	452	511	574	27%	
Pharmacy Technician (TCH)	28,269	28,532	27,112	-4%	
Total	**54,159**	**53,245**	**53,596**	**-1%**	

Site Licenses Renewed	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Automated Drug Delivery System (ADD)	983	857	1,118	14%	
Automated Drug Delivery System EMS (ADE)	1	1	1	0%	
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	1	100%	
Centralized Hospital Packaging Government Owned (CHE)	3	1	2	-33%	
Centralized Hospital Packaging (CHP)	8	8	8	0%	
Clinics (CLN)	1,186	1,171	1,372	16%	
Clinics Government Owned (CLE)	870	889	911	5%	
Drug Room (DRM)	20	19	20	0%	
Drug Room Government Owned (DRE)	10	10	9	-10%	
Hospitals (HSP)	386	378	403	4%	
Hospitals Government Owned (HPE)	79	78	81	3%	
Hospital Satellite Sterile Compounding (SCP)	4	4	4	0%	
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	3	4	100%	
Hypodermic Needle and Syringes (HYP)	229	207	201	-12%	
Correctional Pharmacy (LCF)	58	57	54	-7%	
Outsourcing Facility (OSF)	5	4	3	-40%	
Outsourcing Facility Nonresident (NSF)	19	17	17	-11%	
Pharmacy (PHY)	6,310	5,884	5,799	-8%	
Pharmacy Government Owned (PHE)	136	136	140	3%	
Remote Dispensing Pharmacy (PHR)	1	2	3	200%	
Pharmacy Nonresident (NRP)	495	499	524	6%	
Sterile Compounding (LSC)	691	690	675	-2%	
Sterile Compounding Government Owned (LSE)	106	101	101	-5%	
Sterile Compounding Nonresident (NSC)	53	49	48	-9%	
Surplus Medication Collection Distribution Intermediary (SME)	0	0	1	100%	
Third-Party Logistics Providers (TPL)	29	29	33	14%	
Third-Party Logistics Providers Nonresident (NPL)	96	108	132	38%	
Veterinary Food-Animal Drug Retailer (VET)	18	14	19	6%	
Wholesalers (WLS)	457	382	404	-12%	
Wholesalers Government Owned (WLE)	9	11	9	0%	
Wholesalers Nonresident (OSD)	716	675	716	0%	
Total	**12,980**	**12,284**	**12,813**	**-1%**	
Total Licenses Renewed	**67,139**	**65,529**	**66,409**	**-1%**	

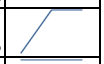
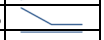
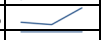
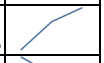
Licenses identified as "n/a" were not in effect or eligible for renewal during the fiscal year.

Licensing Statistics 3-Year Comparison

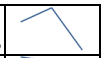
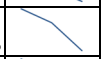
CURRENT LICENSE POPULATION

Individual Licenses	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Designated Representatives (EXC)	2,844	2,858	2,911	2%	
Designated Representatives Vet (EXV)	59	55	60	2%	
Designated Representatives-3PL (DRL)	392	479	576	47%	
Designated Representatives-Reverse Distributor (DRR)	7	14	19	171%	
Designated Paramedic (DPM)	3	3	3	0%	
Intern Pharmacist (INT)	5,999	4,790	4,421	-26%	
Pharmacist (RPH)	48,568	49,597	49,893	3%	
Advanced Practice Pharmacist (APH)	890	1,191	1,348	51%	
Pharmacy Technician (TCH)	67,986	65,565	65,793	-3%	
Total	**126,748**	**124,552**	**125,024**	**-1%**	

Temporary Individual Licenses (Military Spouses/Partners)	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Temp-Designated Representatives-Wholesaler (TEX)	N/A	N/A	0	n/a	
Temp-Designated Representatives-3PL (TDR)	N/A	N/A	0	n/a	
Temp-Designated Representatives-Reverse Distributor (TRR)	N/A	N/A	0	n/a	
Temp-Designated Paramedic (TDP)	N/A	N/A	0	n/a	
Temp-Intern Pharmacist (TIN)	N/A	N/A	0	n/a	
Temp-Pharmacist (TRP)	N/A	N/A	0	n/a	
Temp-Advanced Practice Pharmacist (TAP)	N/A	N/A	0	n/a	
Temp-Pharmacy Technician (TTC)	N/A	N/A	4	n/a	
Total	**N/A**	**N/A**	**4**	**n/a**	

Site Licenses	FY 21/22	FY 22/23	FY 23/24	% CHANGE FY 21/22 to FY 23/24	TREND LINES
Automated Drug Delivery System (ADD(AUD))	946	1,131	1,102	16%	
Automated Drug Delivery System (ADD(APD))	57	59	17	-70%	
Automated Drug Delivery System EMS (ADE)	1	1	1	0%	
Automated Patient Dispensing System 340B Clinic (ADC)	0	1	1	100%	
Centralized Hospital Packaging Government Owned (CHE)	2	2	2	0%	
Centralized Hospital Packaging (CHP)	8	9	8	0%	
Clinics (CLN)	1,326	1,406	1,456	10%	
Clinics Government Owned (CLE)	910	933	950	4%	
Drug Room (DRM)	22	21	21	-5%	
Drug Room Government Owned (DRE)	10	10	10	0%	
Hospitals (HSP)	394	399	396	1%	
Hospitals Government Owned (HPE)	78	77	84	8%	
Hospital Satellite Sterile Compounding (SCP)	4	4	4	0%	
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	4	5	150%	
Hypodermic Needle and Syringes (HYP)	302	233	233	-23%	
Correctional Pharmacy (LCF)	61	57	55	-10%	
Outsourcing Facility (OSF)	4	4	3	-25%	
Outsourcing Facility Nonresident (NSF)	25	19	21	-16%	
Pharmacy (PHY)	6,376	6,100	5,944	-7%	
Pharmacy Government Owned (PHE)	137	141	147	7%	
Remote Dispensing Pharmacy (PHR)	2	2	3	50%	
Pharmacy Nonresident (NRP)	605	593	601	-1%	
Sterile Compounding (LSC)	741	717	686	-7%	
Sterile Compounding Government Owned (LSE)	110	102	110	0%	
Sterile Compounding Nonresident (NSC)	63	58	54	-14%	
Surplus Medication Collection Distribution Intermediary (SME)	1	1	1	0%	
Third-Party Logistics Providers (TPL)	35	39	40	14%	
Third-Party Logistics Providers Nonresident (NPL)	101	134	157	55%	

Licensing Statistics 3-Year Comparison

Veterinary Food-Animal Drug Retailer (VET)	20	21	18	-10%	
Wholesalers (WLS)	546	530	485	-11%	
Wholesalers Government Owned (WLE)	14	13	11	-21%	
Wholesalers Nonresident (OSD)	830	814	824	-1%	
Total	**13,676**	**13,635**	**13,450**	**-2%**	
Total Population	**140,424**	**138,187**	**138,478**	**-1%**