

Attachment 6

*County of San Diego Request for
Unlabeled Medication for First
Responders*



County of San Diego

Community Epidemiology
Emergency & Disaster Medical Services
HIV/STD Hepatitis
Immunization
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing/Border Health
TB Control & Refugee Health
Vital Records

JEAN M. SHEPARD
DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY

WILMA J. WOOTEN, M.D., M.P.H.
INTERIM PUBLIC HEALTH OFFICER

PUBLIC HEALTH SERVICES
1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417
(619) 531-5800 FAX (619) 515-6707

EMERGENCY MEDICAL SERVICES

6255 Mission Gorge Road
San Diego, CA 92120-3599
(619) 285-6429 Fax: (619) 285-6531

TO: California State Board of Pharmacy
c/o Virginia Herold, Virginia.herold@dca.ca.gov

CC: Kenneth H Schell, PharmD (ken.h.schell@kp.org)
Subject: Home Med Kits

SITUATION

The State of California has a Memorandum of Agreement (MOA) with the Center for Disease Control and Prevention (CDC) for receipt, distribution, and dispensing of the Strategic National Stockpile (SNS), massive reserves of medications and medical supplies strategically placed throughout the nation to supplement local and county governments when their resources are exhausted. However, any state, region, or local jurisdiction must face the possibility that federal and state resources may not be available immediately to assist, if multiple areas require assets simultaneously. Therefore, local and county governments should prepare accordingly.

When an act of bioterrorism or other public health emergency occurs, it may be necessary to initiate mass dispensing of medications countywide under the direction of the County Public Health Officer (PHO). Specifically, weaponized anthrax can cause catastrophic loss of life within 48-72 hours and is considered a nationwide vulnerability risk by the CDC. Initial responders such as public health, first responders, and identified other critical public service employees, will initiate response plans and operations that include dispensing antibiotics to the public within 48 hours to save as many lives as possible. In order for this to occur, these first wave or initial responders will have priority in receiving medication so that they are prepared to meet the public's needs.

TARGET

In order to meet the above need, the County of San Diego has decided to purchase and "forward place" as many as 500,000 regimen bottles (7-14 day regimen of either doxycycline or ciprofloxacin) specifically for first responders (ie. fire, police, hazmat, etc). The desire is to place the majority of these bottles in their homes to cover them and their family, and the remainder placed in secure & temperature controlled areas of the employment site for on duty personnel. Of note, the

CDC recently completed a similar initiative, a test pilot in St Louis*. We have been in contact with the lead coordinator (Dr. Linda Neff) and more information will be forthcoming soon from that pilot.

Because of the volume of bottles to be forward placed and the logistics of doing so, meeting the prescription requirement for each individual patient and labeling each bottle with the individual patient name will be extremely difficult if not impossible. Rather we'd like to be able to dispense regimen bottles with a standard pre-formatted label that omits the actual patient and physician name. That information would be stored and readily accessible in a central database. See attached picture below for what the label will resemble.

QUESTION

We're seeking the advice of the California State Board of Pharmacy on how best to achieve the target goal.

- 1) Would we obviate the Rx & labeling requirement if the County of San Diego retained ownership, without "transfer of custody" to the employee/patient, in that the inventory would remain property of San Diego County, such that, forward placed inventory would ONLY be activated in the case of a declared emergency event that under which time the Rx requirements would be obviated?
- 2) Could we apply for a waiver from the board, waiving the prescription and labeling requirements?
- 3) Other ideas/options?

Thank you for your attention to this matter.

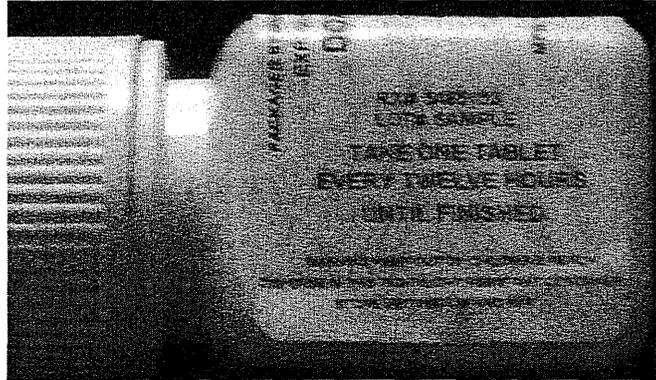
Sincerely,

Shirley A. Jett, M.S.N., RN, PHN
Strategic National Stockpile Coordinator
Cities Readiness Initiative Coordinator

* http://www.gsnmagazine.com/mar_06/cdc_antibiotics.html

ATTACHMENT

Side View (Left)



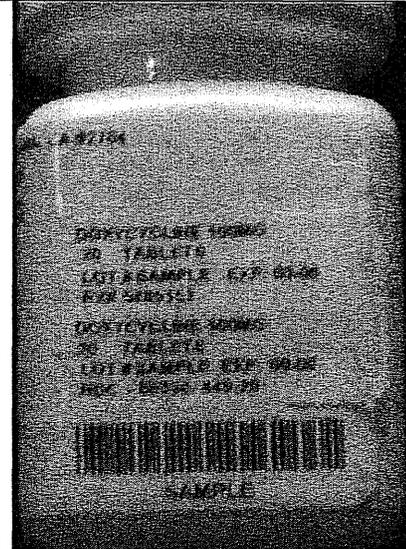
Directions

Front View



Drug, lot, ndc, repackaging info, etc

Side View (Right)



tear off receipts get put into a log against the employee & family names.

ATTACHMENT

Sample Label (Doxy)

PACKAGED BY DISPENSING SOLUTIONS, INC.
SANTA ANA, CA 92704
MANUFACTURED BY WEST-WARD PHARMACEUTICAL CORP.
EATONTOWN, NJ 07724

NDC 66336-449-20



FPO



STORE AT 20°-25°C (68°-77°F)
[SEE USP CONTROLLED ROOM TEMPERATURE].

DO NOT USE UNLESS DIRECTED
BY THE HEALTH OFFICER

DOXYCYCLINE 100 mg

EACH TABLET CONTAINS:
DOXYCYCLINE HYCLATE USP
EQUIVALENT TO DOXYCYCLINE
100 mg, FD&C YELLOW #6.

20 TABLETS

**USUAL DOSAGE: Take one
tablet every 12 hours.**

RX ONLY

LOT# xxxxxx EXP: xxx-xx
RX# 1000000001 (999-9999)



DOXYCYCLINE 100 mg
20 TABLETS
LOT# xxxxxx EXP: xxx-xx
RX# 1000000001
NDC 66336-449-20

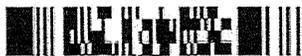
DOXYCYCLINE 100 mg
20 TABLETS
LOT# xxxxxx EXP: xxx-xx
RX# 1000000001
NDC 66336-449-20

KEEP OUT OF THE REACH OF CHILDREN
DISPENSE IN THIS TIGHT/LIGHT
RESISTANT CONTAINER

Sample Label (Cipro)

PACKAGED BY DISPENSING SOLUTIONS, INC.
SANTA ANA, CA 92704
MANUFACTURED BY HIKMA PHARMACEUTICALS
AMMAN, 11118 JORDAN

NDC 66336-903-20



FPO



STORE AT 20°-25°C (68°-77°F)
[SEE USP CONTROLLED ROOM TEMPERATURE].

DO NOT USE UNLESS DIRECTED
BY THE HEALTH OFFICER

CIPROFLOXACIN 500 mg

EACH TABLET CONTAINS:
CIPROFLOXACIN HCl USP
EQUIVALENT TO 500 mg
CIPROFLOXACIN.

20 TABLETS

**USUAL DOSAGE: Take one
tablet every 12 hours.**

RX ONLY

LOT# xxxxxx EXP: xxx-xx
RX# 1000000001 (999-9999)



CIPROFLOXACIN 500 mg
20 TABLETS
LOT# xxxxxx EXP: xxx-xx
RX# 1000000001
NDC 66336-903-20

CIPROFLOXACIN 500 mg
20 TABLETS
LOT# xxxxxx EXP: xxx-xx
RX# 1000000001
NDC 66336-903-20

KEEP OUT OF THE REACH OF CHILDREN
DISPENSE IN THIS TIGHT/LIGHT
RESISTANT CONTAINER

Attachment 7

Licensing Unit Statistics
2006-07

Board of Pharmacy Licensing Statistics - Fiscal Year 2006/07

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
APPLICATIONS													
Received													
Pharmacist (exam applications)	111	156	79	113	81	86	99	73	90	427	179		1494
Pharmacist (initial licensing applications)	5	405	122	241	71	15	65	24	92	99	50		1189
Intern pharmacist	31	471	57	468	56	52	79	80	79	80	57		1510
Pharmacy technician	450	574	626	492	552	462	599	426	727	501	434		5843
Pharmacy	18	46	33	28	32	29	100	18	20	26	38	44	432
Sterile Compounding	1	7	1	4	1	0	2	2	0	1	18	5	42
Clinics	2	8	6	8	3	3	11	3	0	6	5	5	60
Hospitals	2	2	2	0	0	3	0	0	1	6	2	7	25
Nonresident Pharmacy	3	4	3	6	5	8	14	2	6	9	7	5	72
Licensed Correctional Facility	0	0	0	0	0	0	0	0	0	0	0	0	0
Hypodermic Needle and Syringes	2	2	0	2	2	0	1	1	1	1	1	1	14
Nonresident Wholesalers	6	17	10	13	9	7	9	5	5	9	7	9	106
Wholesalers	5	4	6	7	13	0	4	6	7	5	1	6	64
Veterinary Food-Animal Drug Retailer	0	0	0	0	0	0	0	1	0	0	0	0	1
Designated Representatives	20	50	18	35	32	35	26	36	13	50	47	22	384
Issued													
Pharmacist	115	276	141	236	98	41	68	25	92	94	60		1246
Intern pharmacist	36	245	243	456	85	46	71	76	40	15	135		1448
Pharmacy technician	646	883	660	580	502	434	441	454	401	646	432		6079
Pharmacy	35	24	36	31	57	27	23	26	92	31	39	42	463
Sterile Compounding	5	4	9	6	5	2	1	3	1	7	4	7	54
Clinics	13	10	4	5	3	5	2	3	8	6	0	20	79
Hospitals	0	0	0	0	12	1	1	1	1	0	0	2	18
Nonresident Pharmacy	0	3	2	3	6	2	0	1	8	2	6	5	38
Licensed Correctional Facility	0	0	0	0	0	0	0	0	0	0	0	0	0
Hypodermic Needle and Syringes	0	0	0	0	8	2	0	2	4	3	1	0	20
Nonresident Wholesalers	5	3	1	10	7	2	7	7	13	8	13	6	82
Wholesalers	1	1	1	7	4	0	6	4	6	13	5	5	53
Veterinary Food-Animal Drug Retailer	0	0	0	0	0	1	0	0	1	0	1	0	3
Designated Representatives	17	1	24	36	31	24	39	49	36	62	30	21	370

*Increase in number pending reflects the ability to capture through ATS all exam candidates approved to take the CPJE/NAPLEX but have not passed the exams.

Board of Pharmacy Licensing Statistics - Fiscal Year 2006/07

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Pending													
Pharmacist Examination*	u/a	u/a	139	u/a	u/a	160	u/a	u/a	252	u/a	u/a	1315	1315
Intern pharmacist	u/a	u/a	371	u/a	u/a	196	u/a	u/a	262	u/a	u/a	203	203
Pharmacy technician	974	845	878	797	780	498	654	739	1075	u/a	u/a	1144	1144
Pharmacy	39	55	49	65	59	66	35	48	67	62	61	63	63
Sterile Compounding	33	34	33	32	28	27	19	23	23	17	31	29	29
Clinics	57	56	52	41	43	39	37	38	38	38	43	28	28
Hospitals	7	8	8	13	7	10	8	8	8	14	16	21	21
Nonresident Pharmacy	51	53	52	51	49	55	47	52	58	65	66	66	66
Licensed Correctional Facility	0	0	0	0	0	0	0	0	0	0	0	0	0
Hypodermic Needle and Syringes	1	1	1	12	9	8	4	5	6	4	4	5	5
Nonresident Wholesalers	101	108	117	115	124	139	119	132	137	138	132	135	135
Wholesalers	47	50	52	39	44	41	27	34	41	33	29	30	30
Veterinary Food-Animal Drug Retailer	0	0	0	3	3	2	2	2	2	2	1	1	1
Designated Representatives	105	154	148	147	148	159	75	135	161	149	166	167	167
Change of Pharmacist-in-Charge													
Received	72	168	83	131	151	132	105	132	90	141	133	104	1442
Processed	86	86	75	140	132	110	133	120	105	249	205	0	1441
Pending	62	144	182	173	192	214	186	198	183	75	3	107	107
Change of Exemptee-in-Charge													
Received	1	4	2	2	4	0	6	2	7	9	9	10	56
Processed	0	0	0	5	0	0	0	0	0	15	2	12	34
Pending	7	11	12	11	15	15	21	23	30	24	31	29	29
Change of Permits													
Received	33	59	44	39	44	22	53	43	69	46	63	44	559
Processed	33	18	25	11	90	10	61	5	52	4	89	30	428
Pending	150	191	186	214	168	180	172	210	227	269	243	257	257
Discontinuance of Business													
Received	17	24	13	9	23	27	10	21	12	23	27	10	216
Processed	41	0	0	0	0	0	35	0	37	0	0	38	151
Pending	26	50	63	72	95	122	97	118	93	116	143	115	115

*Increase in number pending reflects the ability to capture through ATS all exam candidates approved to take the CPJE/NAPLEX but have not passed the exams.

Board of Pharmacy Licensing Statistics - Fiscal Year 2006/07

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Renewals Received													
Pharmacist	904	3466	1272	1378	1171	1145	1308	926	1479	1235	496		14780
Pharmacy technician	1267	4488	1855	2129	1695	1646	1708	1440	2133	1590	851		20802
Pharmacy	603	696	149	557	242	316	418	508	1367	188	839		5883
Sterile Compounding	16	53	13	27	11	8	13	10	22	17	12		202
Clinics	41	172	73	67	58	55	64	59	92	54	73		808
Nonresident Pharmacy	19	48	14	18	10	16	14	22	21	20	18		220
Hypodermic Needle and Syringes	16	43	15	34	28	21	19	11	26	16	18		247
Nonresident Wholesalers	22	68	25	35	33	25	16	27	39	22	22		334
Wholesalers	28	91	42	36	26	41	27	27	30	28	25		401
Veterinary Food-Animal Drug Retailer	2	5	1	1	1	0	1	2	1	2	1		17
Designated Representative	65	461	127	157	141	193	201	132	224	163	137		2001

*Increase in number pending reflects the ability to capture through ATS all exam candidates approved to take the CPJE/NAPLEX but have not passed the exams.

Attachment A

*Minutes of the Licensing Committee
Meeting of May 30, 2007*



California State Board of Pharmacy

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STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

**Licensing Committee
Minutes of the Meeting of
May 30, 2007**

Samuel Greenberg Board Meeting Room
Los Angeles International Airport
1 World Way
Los Angeles, CA 90045

Present: Ruth Conroy, PharmD Chairperson and Board Member
Robert Graul, RPh, Board Member
Clarence Hiura, PharmD, Board Member
Susan Ravnar, PharmD, Board Member

Virginia Herold, Executive Officer
Robert Ratcliff, PharmD, Supervising Inspector
Dennis Ming, PharmD, Supervising Inspector
Anne Sodergren, Legislative Coordinator
Joshua Room, Attorney General Liaison and Deputy
Attorney General

Chairperson Conroy called the meeting to order at 9:35 a.m.

Proposed Regulation Regulations Requirements for Pharmacies that Compound

Joshua Room walked the committee through each of the provisions of proposed regulation language contained in the committee packets. Integrated into the discussion were comments from those present and the written comments submitted by NACDS, Bill Blair and CPhA. These included comments on "beyond use" vs. "expiration dates," a definition of unit dose containers, why require downloading of certificates, what is a master formula, whether compounding must occur in a pharmacy, use of the term "compounded preparation" vs. "compounded drug product."

A question was asked that if a pharmacy compounds a drug product that later comes out as a manufactured product approved by the FDA, can a pharmacy still compound it? The ensuing discussion involved several drugs that once were compounded, then became commercially manufactured drugs, for example Minoxodil. In these cases, the pharmacies could no longer compound the product.

The CSHP requested that the compounding regulations be amended to specify that they do not also apply to the board's regulations for sterile injectable compounding pharmacies. The association is concerned that there is too much required in the compounding regulations. The CSHP will put its comments in writing.

Staff will review the comments within the framework of the regulations and bring proposed language to the July Board meeting.

Request to Add the Exam for the Certification of Pharmacy of Pharmacy Technicians

Chairperson Conroy provided an update to the committee on the status of the ExCPT exam, which is a competing examination to the PTCB exam, both of which assess the knowledge of pharmacy technicians. In California the PTCB exam has been specified in law as one way to qualify for licensure as a pharmacy technician.

Since October 2006 the board has sought a psychometric evaluation of the ExCPT examination to assure this exam fits the requirements of Business and Professions Code section 139 for job relatedness. The board had hoped to use the Office of Examination Resources in the Department of Consumer Affairs to perform this function. However, since October, the department's Office of Examination Resources has been without staff possessing PhDs in psychometric evaluations disciplines. Recruitment for such positions has been difficult and no such staff has yet been hired.

In late April, Ms. Herold began a solicitation for a contractor to review materials for the ExCPT and PTCB exams to assure both are job related. At this time, the board is waiting for the bids and to develop a process by which the two exam vendors would pay for the evaluation of the respective exam.

To use the ExCPT exam as a qualifying method for pharmacy technician licensure, either a statutory or a regulation amendment needs to be adopted.

A comment was made that CSHP and CPhA are initiating a study of intern qualifications and experience, and whether current requirements are sufficient to adequately prepare pharmacy technicians for the responsibilities of working in a pharmacy.

California Schools of Pharmacy Proposal to Identify the Professional Competencies that Should Be Achieved by the End of Basic Intern Experience

Chairperson Conroy updated the committee on the joint project of California's pharmacy schools to develop and assess the competencies that students should achieve by the end of the introductory pharmacy experience of 300 hours. Board Member Susan Ravnan, Virginia Herold and Anne Sodergren attended the three work sessions held for this purpose since the beginning of the year.

In the committee packet were the proposed competencies. The committee reviewed them.

Ms. Herold stated that the next phase of the project will be done by the pharmacy schools and will involve developing a reliable and valid performance-based exam to assess student achievement of the basic competencies. The workgroup hopes to complete the process in time for incorporation during the 2007-08 academic year.

A problem was noted that the board's intern experience affidavit form references hours employed as an intern instead of hours obtained as an intern. Ms. Herold stated that the form would be modified.

Emergency Preparedness for California

Chairperson Conroy stated that emergency preparedness continues to be an important initiative of the Schwarzenegger Administration. She referred the committee to materials in their packet.

1. Surge Response

In late February, the state began working with PriceWaterhouseCoopers to develop a response plan for the surge response following a pandemic, a nuclear event or an earthquake. The goal is to prepare state agencies for an effective and less chaotic surge response. Chairperson Conroy stated that several inspectors from the board have attended some of the meetings, as has she. There have been at least 12 day-long meetings since February 2007.

The board's emergency response plan has been highly promoted during these meetings. However, one downside has been to minimize the need for pharmacists during emergency surge because "the board is going to waive any requirements." However, repeated clarification from board staff about what the meaning of waiving requirements means have helped to reshape the thinking of those who are developing disaster plans.

At the express request of the committee, Ms. Herold stated that the next *The Script* would include another article on disaster preparedness and the need for pharmacists to preregister for training for disaster response so they can be "first responders."

The committee reviewed a preliminary report of the "Development of Standards and Guidelines for Healthcare Surge During Emergencies, Supplies, Pharmaceuticals and Equipment."

2. NABP Recommendations for Disaster Response

Chairperson Conroy referred the committee to information published in the May 2007 NABP Newsletter on guidelines for boards to use in preparing for disaster response. Chairperson Conroy was one of the members of the NABP task force that developed the NABP recommendations.

The board has already accomplished or is working on most of the 11 recommendations.

She also referred the committee to other NABP-prepared materials including the "Emergency and Disaster Preparedness and Response: Roles of Federal, State and Local Governments."

Chairperson Conroy reiterated her concern that in the initial federal disaster plan, pharmacists were not listed as a critical health care provider, as were physicians, nurses and EMTs. Pharmacists need to become trained in disaster response so that the public health can be better served with respect to appropriate drug therapy during disasters.

3. County of San Diego's Request for Dispensing Doxycycline or Ciprofloxacin

Chairperson Conroy referred the committee to a request from San Diego County to provide an unspecified number of up to 500,000 bottles of a 7-14 day dosing regimen of doxycycline or ciprofloxacin to first responders, that would be stored in their homes for their and their families use, with the remainder being stored somewhere (unmentioned) else. The county seeks an exemption from patient-specific labeling because "it would be difficult, if not impossible" to label these containers.

Ms. Herold stated that whereas the board could exempt such labeling after an emergency had been declared, the board has no authority to exempt it in advance of a disaster unless the board promulgated a regulation or obtained statutory authority to authorize this.

Since no one from San Diego County was in attendance at the meeting, the committee took no additional action.

Mobile Community Clinics and Licensing by the Board of Pharmacy

Chairperson Conroy asked Paul Drogichen, PharmD, Director of Pharmaceutical Services, Los Angeles County, to provide information to the committee regarding his request that the Board of Pharmacy alter its licensing requirements to issue clinic permits to mobile clinics, and not just to the brick and mortar administrative office. She referred to the committee to material in the packet submitted by Dr. Drogichen.

Dr. Drogichen stated he was concerned with the differing licensing policies of the board and the Department of Health Services, since the DHS will issue a unique clinic license to a mobile clinic, and the board will not.

Dr. Drogichen stated he was recently advised that some DHS mobile clinics have been denied a board clinic license.

Dr. Ratcliff and Ms. Herold explained that the board only issues a permit to a clinic at a brick and mortar location. Such a location can have multiple mobile clinics, but the main location, typically the main and administrative office, is what actually holds the board's license. Dr. Ratcliff stated that there should be no problem with a mobile clinic having the benefits of a board license so long as a brick and mortar address is used as the licensed location. He asked Dr. Drogichen to contact him if he has additional questions.

Legislative Proposal for Establishment of a State Protocol for Immunizations

Chairperson Conroy reminded the committee that at the April Board Meeting, the board voted to propose a statutory modification to California Pharmacy Law to allow pharmacists to administer immunizations pursuant to a state-adopted protocol.

The board's action was based in part on information provided at the last committee meeting, where Dr. Jeff Goad, Professor at the USC School of Pharmacy, made a presentation on establishing state protocols for immunizations by pharmacists. He stated that pharmacists can administer immunizations in 44 states. In California this authority exists under section 4052 of the Business and Professions Code pursuant to a protocol by a prescriber. According to testimony provided by Dr. Goad, physicians are reluctant to accept the liability for this action, even though it has wide support.

Since the April Board Meeting, staff has developed a statutory modification, based in part on Health and Safety Code section 1261.3, that allows a pharmacist to administer influenza and pneumococcal immunizations for a certain patient population in skilled nursing facilities pursuant to standing orders.

The committee reviewed the proposed modification to amend Business and Professions Code section 4052(a)(9):

Administer immunizations pursuant to a protocol with a prescriber or pursuant to the recommendations of the Advisory Committee on Immunization Practices (ACIP) of the federal Centers for Disease Control and Prevention.

Motion: Hiura/Graul: Propose to the Board to seek amendment to Business and Professions Code Section 4052(a)(9) to add: or pursuant to the recommendations of the Advisory Committee on Immunization Practices (ACIP) of the federal Centers for Disease Control and Prevention.

Approve: 4 Oppose: 0

The committee considered various limits on the protocols and what kind of training would be required of pharmacists before they could provide immunizations under the proposed amendment. Dr. Ravnan agreed to work with Dr. Goad and board staff to refine the requirements and bring this to the July Board Meeting.

Competency Committee Report

Ms. Herold stated that on June 1, the board would have a new test administrator for the CPJE. She distributed a just-released *Candidates Handbook* to the committee members. This handbook provides information about how to sign up for the CPJE. It also provides test preparation information, the exam's content outline and sample test items.

Psychological Services, Inc., (PSI) will mail the handbook to candidates once they are made eligible by the board.

Ms. Herold also noted that during a two-week period in April, board staff qualified over 400 new graduates of California schools who were being processed so they could take the exam with the prior vendor (on or before May 31, 2007).

Ms. Herold stated that things were going OK for a transition being rushed into place in insufficient time. She stated that she hoped that the transition to the new vendor would be invisible to candidates.

Adjournment

There being no additional business, Chairperson Conroy adjourned the meeting at 1:30 p.m.

LICENSING COMMITTEE

Goal 2: Ensure the qualifications of licensees.

Outcome: Qualified licensees

Objective 2.1	Issue licenses within 3 working days of a completed application by June 30, 2011.																																																																																																																																																																																																											
Measure:	Percentage of licenses issued within 3 work days.																																																																																																																																																																																																											
Tasks:	<p>1. Review 100 percent of all applications within 7 work days of receipt.</p> <table border="1" data-bbox="352 447 1501 1100"> <thead> <tr> <th rowspan="2"></th> <th colspan="4">Apps. 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3. Make a licensing decision within 3 work days after all deficiencies are corrected.

	Average Days to Determine to Deny/Issue License:			
	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacist (exam applications)	1	1	3	3
Pharmacist (initial licensing)	1	1	3	3
Pharmacy Intern	1	1	3	3
Pharmacy Technician	3	3	3	3
Pharmacies	5	4	3	2
Non-Resident Pharmacy	3	1	5	3
Wholesaler	3	5	5	4
Veterinary Drug Retailers	0	2	1	1
Designated Representative	1	2	2	1
Out-of-state distributors	3	5	5	4
Clinics	1	2	1	2
Hypodermic Needle & Syringe	0	1	1	1

4. Issue professional and occupational licenses to those individuals and firms that meet minimum requirements.

	Licenses Issued:			
	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacist	532	375	185	154*
Pharmacy Intern	524	587	187	150*
Pharmacy Technician	2189	1516	1296	1078*
Pharmacies	95	128	141	463
Non-Resident Pharmacy	5	11	9	38
Wholesaler	3	11	16	53
Veterinary Drug Retailers	0	1	1	3
Designated Representative	42	91	124	370
Out-of-state distributors	9	19	27	82
Clinics	27	13	13	79
Hypodermic Needle & Syringe	0	10	6	20
Sterile Compounding	18	13	5	54

*Denotes only April and May information was available at time of report development.

5. Withdrawn licenses to applicants not meeting board requirements.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacy Technician	0	11	0	0
Pharmacies	2	4	1	4
Non-Resident Pharmacy	2	13	1	19
Clinics	0	22	0	0
Sterile Compounding	0	0	0	0
Designated Representative	0	0	4	35
Hypodermic Needle & Syringe	0	1	0	0
Out-of-state distributors	0	14	0	0
Wholesaler	2	16	4	0

6. Deny applications to those who do not meet California standards.

Objective 2.2	Cashier 100 percent of all application and renewal fees within two working days of receipt by June 30, 2011.
Measure:	Percentage of cashiered application and renewal fees within 2 working days.
Tasks:	<p>1. Cashier application fees.</p> <p><i>1st Qtr 06/07: The average processing time for processing new application fees is 2-3 working days.</i></p> <p><i>2nd Qtr 06/07: The average processing time for processing new application fees is 2-3 working days.</i></p> <p><i>3rd Qtr 06/07: The average processing time for processing new application fees is 3 working days.</i></p> <p><i>4th Qtr 06/07: The average processing time for processing new application fees is 2-3 working days.</i></p> <p>2. Cashier renewal fees.</p> <p><i>1st Qtr 06/07: The average processing time for cashiering is 2-3 working days.</i></p> <p><i>2nd Qtr 06/07: The average processing time for cashiering is 2-3 working days.</i></p> <p><i>3rd Qtr 06/07: The average processing time for cashiering is 2-3 working days.</i></p> <p><i>4th Qtr 06/07: The average processing time for cashiering is 2-3 working days.</i></p> <p>3. Secure online renewal of licenses.</p> <p><i>1st Qtr 06/07: Board meets with programmers to initiate parameters for board licensing programs to convert to DCA Applicant Tracking Program.</i></p> <p><i>Jan. 2007: Board converts all application programs to DCA's Applicant Tracking Program. See Objective 2.4, Task 7 below.</i></p>

Objective 2.3	Update 100 percent of all information changes to licensing records within 5 working days by June 30, 2011.
Measure:	Percentage of licensing records changes within 5 working days.
Tasks:	<ol style="list-style-type: none"> 1. Make address and name changes. <i>1st Qtr 06/07: Processed 1,832 address changes.</i> <i>2nd Qtr 06/07: Processed 1,322 address changes.</i> <i>3rd Qtr 06/07: Processed 1,613 address changes.</i> <i>4th Qtr 06/07: Processed 1,857 address changes.</i> 2. Process discontinuance of businesses forms and related components. <i>1st Qtr 06/07: Processed 41 discontinuance-of-business forms. Processing time is 46 days.</i> <i>2nd Qtr 06/07: Processed 0 discontinuance-of-business forms.</i> <i>3rd Qtr 06/07: Processed 72 discontinuance-of-business forms. Processing time is 30 days.</i> <i>4th Qtr 06/07: Processed 38 discontinuance-of-business forms. Processing time is 30 days.</i> 3. Process changes in pharmacist-in-charge and designated representative-in-charge. <i>1st Qtr 06/07: Processed 247 pharmacist-in-charge changes. Average processing time is 30 days. Processed 0 designated representative-in-charge changes.</i> <i>2nd Qtr 06/07: Processed 382 pharmacist-in-charge changes. Average processing time is 30 days. Processed 5 designated representative-in-charge changes. Average processing time is 10 days.</i> <i>3rd Qtr 06/07: Processed 358 pharmacist-in-charge changes. Average processing time is 30 days. Processed 0 designated representative-in-charge changes.</i> <i>4th Qtr 06/07: Processed 544 pharmacist-in-charge changes. Average processing time is 30 days. Processed 14 designated representative-in-charge changes. Average processing time is 14 days.</i> 4. Process off-site storage applications. <i>1st Qtr 06/07: Processed and approved 42 off-site storage applications. Average processing time is 30 days.</i> 5. Transfer of intern hours to other states. <i>1st Qtr 06/07: Processed 76 applications. Average processing time is 30 days.</i> <i>2nd Qtr 06/07: Processed 45 applications. Average processing time is 30 days.</i>

Objective 2.4	Implement at least 25 changes to improve licensing decisions by June 30, 2011.
Measure:	Number of implemented changes.
Tasks:	<ol style="list-style-type: none"> <li data-bbox="357 188 1485 250">1. Determine why 26 states do not allow the use of a CA license as the basis for transfer a pharmacist license to that state. <i>Jan. 2007: Survey of some states indicate misunderstanding of why California cannot accept NAPLEX scores earned before January 1, 2004. Educational efforts, on a state by state basis, initiated.</i> <i>March 2007: Pennsylvania agrees to accept California NAPLEX scores.</i> <i>May 2007: At National Association of Boards of Pharmacy meeting several states agree to reconsider their position against accepting California scores.</i> <li data-bbox="357 484 1469 547">2. Work with the University of California to evaluate the drug distribution system of its clinics and their appropriate licensure. <li data-bbox="357 561 1469 696">3. Work with the Department of Corrections on the licensure of pharmacies in prisons. <i>June 2007: Meet with the Department of Corrections Receiver to discuss possible regulatory structures for drug dispensing and distribution within correctional facilities.</i> <li data-bbox="357 710 1469 1214">4. Work with local and state officials on emergency preparedness and planning for pandemic and disasters. Planning to include the storage and distribution of drugs to assure patient access and safety. <i>Sept. 2006: Committee hears presentation by DHS on emergency preparedness.</i> <i>Oct. 2006: Presentation by Orange County and LA emergency response staff at NABP District 7 & 8 meeting. Board meeting has presentation by DHS and board develops policy statement for licensees in responding to declared emergencies.</i> <i>Jan. 2007: Board publishes disaster response policy statement.</i> <i>Feb. & March 2007: Board attends seven-day DHS-hosted training session on surge emergency response as part of the state's disaster response.</i> <i>April - June 2007: Board continues to participate in SURGE planning activities and in a joint public/private partnership project envisioned by the Governor.</i> <li data-bbox="357 1228 1422 1249">5. Evaluate the need to issue a provisional license to pharmacy technician trainees. <li data-bbox="357 1263 1469 1661">6. Evaluate use of a second pharmacy technician certification examination (ExCPT) as a possible qualifying route for registration of technicians. <i>Sept. 2006: Committee hears presentation on ExCPT exam approved for certification of technicians by five states. Committee directs staff to evaluate exam for possible use in California.</i> <i>Dec. 2006: DCA recruiting for Chief of Examination Resources Office; review postponed. Additional methods to accomplish review considered.</i> <i>March 2007: DCA recruiting for Chief of Examination Resources Office; review postponed. Additional methods to accomplish review considered.</i> <i>May 2007: Board seeks private contractor to evaluate both ExCPT and PTCB exams for job validity.</i>

7. **Implement the Department of Consumer Affairs Applicant Tracking System to facilitate implementation of I-Licensing system, allowing online renewal of licenses by 2008.**
 - July 2006: Board executive officer becomes executive sponsor of program.*
 - Nov. 2006: Board completes system identification of parameters for each licensing program.*
 - Dec. 2006-Jan. 2007: Preparatory work and pilots completed; Board Staff initiates transfer to ATS system as sole platform for applicant tracking for all licensing programs.*
 - March 2007: Work on securing vendors for I-Licensing continues. Staff changes at DCA may delay implementation.*
 - June 2007: DCA hires additional staff for I-Licensing project. Implementation for board programs expected about mid-2009.*
8. **Participate with California's Schools of Pharmacy in reviewing basic level experiences required of intern pharmacists, in accordance with new ACPE standards.**
 - 3rd Qtr 06/07: Board attends 3 day-long working sessions convened by California's schools of pharmacy to develop list of skills students should possess by end of basic intern level experience (about 300 hours).*
9. **Implement new test administration requirements for the CPJE.**
 - March 2007: Board advised about new exam vendor for CPJE effective June 1, 2007. Board notifies all CPJE eligible candidates of pending change, advises California schools of pharmacy graduating students and applicants in general.*
 - June 2007: Shift to new exam vendor, PSI, takes place. New Candidates Guide is printed and distributed. Some transition issues to new vendor exist and are being worked on.*