



## LICENSING COMMITTEE REPORT

Seung Oh, Licensee Member, Chairperson  
Jignesh Patel, Licensee Member, Vice-Chairperson  
Renee Barker, Licensee Member  
Trevor Chandler, Public Member  
Jessica Crowley, Licensee Member  
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During the meeting members will receive a summary of the Committee's work at its July 19, 2023, and October 18, 2023, Committee Meetings.

### **a. Discussion and Consideration of Provisions for Remote Processing**

#### Relevant Law

[BPC 4071.1, subdivision \(a\)](#) permits a pharmacist (or a prescriber or prescriber's agent) to "electronically enter a prescription or an order, as defined in [Section 4019](#), into a pharmacy's or hospital's computer from any location outside of the pharmacy or hospital with the permission of the pharmacy or hospital." This is known as "remote order entry."

#### Background

As part of the Board's response to the COVID-19 public health emergency and the initial need for social distancing, a "[Remote Processing Waiver](#)" was approved by the Board. This waiver expired on May 28, 2023. Under the provisions of the waiver, legal authorization for remote processing was expanded to allow for greater flexibility under pandemic conditions. "Remote Processing" is defined to mean the entering of an order or prescription into a computer from outside of the pharmacy or hospital for a licensed pharmacy. The Waiver allowed that, in addition to the provisions of BPC section 4071.1, pharmacists performing remote processing may also receive, interpret, evaluate, clarify, and approve medication orders and prescriptions, including medication orders and prescriptions for controlled substances classified in Schedule II, III, IV or V. Under the Waiver, remote processing included order entry, other data entry, performing prospective drug utilization review, interpreting clinical data, insurance processing, performing therapeutic interventions, providing drug information services, and authorizing release of medication for administration. The Waiver did not permit dispensing of a drug or final product verification by remote processing. Further, the Waiver expanded the provisions of BPC section 4071.1 to allow for remote processing

by pharmacy technicians and pharmacy interns to include nondiscretionary tasks, including prescription or order entry, other data entry, and insurance processing of prescriptions and medication orders for which supervision by a pharmacist provided using remote supervision via technology that, at a minimum, ensured a pharmacist is (1) readily available to answer questions of a pharmacy intern or pharmacy technician; and (2) verify the work performed by the pharmacy intern or pharmacy technician.

There were certain limitations and qualifiers regarding the Waiver, including that a pharmacist, pharmacy technician, or pharmacist intern relying on the Waiver must be licensed in California, and must be engaged in processing medication orders or prescriptions from a remote site or on the premises of a California-licensed pharmacy. The pharmacy must have authorized remote processing and must have appropriate policies and procedures as well as adequate training on those policies and procedures.

Last year the Board voted to sponsor legislation to make certain provisions of the remote processing waiver permanent. The Board sponsored legislation, but the legislation did not move because of significant opposition.

During the October 2022 Board meeting, members received public comment requesting that the Board schedule discussion on the issue. More recently, as part of the January 2023 Licensing Committee Meeting and February 2023 Board Meeting, members voted to sponsor legislation to address an acute need for hospitals and other licensed health care facilities to establish provisions for remote processing of medication chart orders necessary to ensure continuity of patient care for inpatients.

Agreement was not reached specific to if, and under what conditions, permanent authority for remote processing should be established for community pharmacies. Previous discussions have highlighted the complexity of the issue and various competing interests. Ultimately, it is incumbent on the Board to determine what is in the best interest of California patients.

Comments have also been made regarding other topics regarding pharmacists' authority to perform services outside of a licensed pharmacy. The Board's strategic plan includes strategic objective 1.1 to "Evaluate, and change if appropriate, legal requirements for authorized duties that can occur outside of a pharmacy to reflect the dynamic nature of the practice of pharmacy." It is recommended that the committee continue its discussion of remote processing.

During its January 2023 Meeting, members considered several policy questions, but did not reach consensus on the appropriate outcome for

community pharmacy provisions, which would include mail order pharmacies. At the request of Chairperson Oh, to assist the committee and stakeholders with continuing its evaluation of the issue, draft statutory language was developed that could serve as a starting place.

As part of the April 2023 Meeting, members and stakeholders present considered a draft legislative framework that was provided as a means to facilitate discussion. As a quorum of the committee was not present, no recommendations were made. As such no updates were made to the legislative framework.

More recently, during the July 2023 Meeting, the Committee considered several policy questions. Consensus was reached on a few items described below.

Committee members generally agreed remote processing could benefit consumers with appropriate guardrails. The Committee noted the importance of defining what is allowed to ensure that a patient's ability to interact with a pharmacist in person remains. Members of the public noted that remote work can allow for workload balancing and also expand patient access to pharmacist expertise. Other public comments suggested that patients have benefited from pharmacists working remotely for specialty pharmacies.

Members and stakeholders agreed that providing flexibility for the Board to establish regulation authority. Such an approach would provide the Board with flexibility to address and update provisions via the regulation process.

#### Summary of Committee Discussion and Action

During the meeting, members considered draft statutory language that would facilitate remote processing provisions through a public rulemaking process. Further, the language would establish authority for the board to waive application of relevant provisions of pharmacy law and its regulations related to remote processing to allow for the study of new and innovative technologies.

Members noted the need to consider this issue especially for pharmacists working for specialty pharmacies. Members noted that the proposed language appeared consistent with the consensus reached thus far with some members suggesting that the language should be more general to allow for changes as they occur.

Committee members also had robust discussion about the authority and if the Board's proposal should be extended to all pharmacists or limited to California licensed pharmacists. Members had varying perspectives with

some members indicating the provisions must be limited to only California licensed pharmacists, while other members feeling more comfortable with all pharmacists having the ability to perform the remote functions.

The Committee also received significant public comment, including comments from a number of pharmacists working for specialty pharmacies, all of which support the Board expanding authority for pharmacists to perform remote processing. The individuals noted the benefits to pharmacists working remotely as well as the benefits to patients, including in some rural areas that may not otherwise have access to a pharmacist. Several commenters noted that the provisions should be limited to California licensed pharmacists.

The Committee also received public comment both in support of and opposed to limiting the authority to only California licensed pharmacists. Public comment suggested that provisions for remote processing have resulted in less pharmacist's hours in some pharmacies and suggested that the Board should develop a confidential survey to send to pharmacists to solicit feedback.

The Committee also received public comment in support of the language as proposed with some commenters suggesting that the language should be kept broad. Other commenters suggested that a definition of remote processing should be including in the language.

The Committee received comments suggesting that there is no shortage of pharmacists. Committee members were advised of significant concerns if the provisions for remote processing were expanded beyond specialty pharmacies to community chain pharmacies.

Following consideration of the discussion and public comments, the Committee voted to recommend sponsorship of statutory language.

**Committee Recommendation:**

Recommend to the Board sponsorship of a statutory proposal as discussed by the Committee. Update the language to include a definition of remote processing and authorize the Committee Chair to finalize the language to present to the Board.

**Attachment 1** includes a copy of the updated draft statutory language incorporating nonsubstantive changes and a definition of remote processing as requested by the Committee.

**b. Discussion and Consideration of Pharmacist to Pharmacy Technician Ratio**

### Relevant Law

Business and Professions Code (BPC) section 4115(f)(1) provides that a pharmacy with only one pharmacist shall have not more than one pharmacy technician performing authorized tasks. This subsection further provides that the ratio of pharmacy technician to any additional pharmacist shall not exceed 2:1; except that this ratio does not apply to personnel performing clerical functions. Also, the subsection also specified that the ratio is not applicable 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
4. A person receiving treatment in a facility operated by the State Department of State Hospital, State Department of Developmental Services, or the Department of Veterans Affairs.

BPC 4115(f)(2) also provides authority for the Board to adopt regulations established the ratio of pharmacy technicians performing authorized tasks to assist pharmacists in the filling of prescriptions of an inpatient of a licensed health facility and for a patient of a licensed home health agency.

Title 16, California Code of Regulations 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 as specified.

### Background

Over the years there have been several legislative attempts to change the ratio requirements. Further, the Board has received requests from the public to schedule a discussion on the current ratio requirements and potential to increase the number of pharmacy technicians a pharmacist may supervise.

A review of the National Association of Boards of Pharmacy (NABP) Survey of Pharmacy Law reveals a variety of different ratios established in different states. It is important to note that review of various state ratios will not be an apples-to-apples comparison as the licensing requirements and authorized functions for pharmacy technicians is not consistent between states. Further, unlike in California, many states require individuals that are performing clerk/typist duties to be licensed as a pharmacy technician.

In California, the current ratio requirements do not extend to clerk/typists.

With an understanding of these variances, below are examples of ratios established in some states.

- Several states appear to allow a 3:1 or 4:1 ratio, with some states predicating that the ratio must include one or more pharmacy technicians that are certified by the Pharmacy Technician Certification Board (PTCB)
- Some states have provisions that allow for a pharmacy manager to petition the Board to increase a ratio beyond the minimum established in their respective jurisdiction under specified conditions.
- At least one state established a ratio of 1:4, which allows for supervision of two registered pharmacy technicians and two unlicensed personnel.
- Other states have no ratio or specify that the pharmacist can determine the number of licensed pharmacy technicians.

#### Summary of Committee Discussion and Action

During the meeting members discussed several policy questions. Below are the questions posed, a summary of the committee's comments and a summary of public comments received.

1. Do members generally believe that an increase in the pharmacist to pharmacy technician ratio could be appropriate in additional pharmacy settings that those currently authorized, e.g., closed door pharmacies, nuclear compounding pharmacies, etc.

Some members of the committee spoke in support of increasing the ratio with various approaches considered. Some members suggested that a PIC should be empowered to determine the ratio based on the practice setting, while others expressed concern about the lack of autonomy some PICs have in the current environment.

Members discussed if an increase in the ratio would allow pharmacist to focus on more patient care services such as medication therapy management while other members expressed concern with increased span of supervision for pharmacists and the potential negative impact to patients.

Members also discussed a shortage of pharmacy technicians and if under the current environment, an increase in the number of pharmacy technicians a pharmacy could supervise is possible.

Members expressed some concern with parsing out different requirements for different settings and noted that some pharmacy settings do not fall neatly into any one category.

Public comment on Question 1:

The Committee received some public comments in support of increasing the number of pharmacy technicians a pharmacist may supervise or at least in some pharmacies, such as those that service residential care facilities.

Other comments suggested that any potential change in the ratio is premature noting that the provisions of Assembly Bill 1286 related to pharmacy staffing and PIC autonomy have not yet been implemented. It was suggested that implementation and an understanding of compliance surrounding those provisions is necessary before any potential change to the ratio is considered. Members were advised that the California Pharmacists Association is convening a workgroup to discuss this topic and offered to keep the Committee apprised of its efforts.

Other commenters suggested that the Board needs to conduct a survey to solicit feedback from pharmacists about the issue and to learn more about pharmacy conditions in a variety of settings and in pharmacies that offer different services.

2. Do members believe that establishing a ratio of 1:2 could improve patient care in all pharmacy settings that currently do not allow such a ratio?

Members generally agreed that the issue warrants consideration with some members noting there is a potential to increase the ratio, but expressed concern that not all pharmacy technicians have the same level of knowledge given the various pathways to licensure.

Other members suggested that a 1:2 ratio may not fit well for all settings and again suggested that the ratio should be determined by the PIC.

Some members spoke in support of the Board developing a survey.

Public comment of Question 2:

Some commenters spoke in support of increasing the ratio and providing flexibility. The Board was provided history of some state approaches to ratio.

Other comments spoke of the need to provide the PICs with protection against retaliation and one commenter suggested that increasing the ratio is pushing technicians to fill more scripts that the pharmacist must review, noting that the more appropriate question to be considering is how many prescriptions a pharmacist can safely review.

3. Do members believe the Board should have flexibility to have authority to approve a higher ratio on a facility specific basis.

Members generally discussed the question, noting the potential administrative burden that comes with such an approach. While some members appeared open to the approach, other members were opposed.

Members considered if a more reasonable approach could be for the Board to make determinations based on the specific type of facility as opposed to on a facility specific basis.

Public comment on Question 3:

Public comment suggested checking with other state boards of pharmacy that have taken such an approach and some suggested concerns with such an approval process, suggesting that the Board could be subject to lawsuits for not applying the same standards as board members and staff change.

4. Do members believe the Board should have the authority to increase the ratio via regulation as part of the rulemaking process.

As the Committee considered this question some members appeared more comfortable with this path as a means to address the issue of pharmacist to pharmacy technician ratio noting it provides the Board with better flexibility. Members spoke in support of surveying pharmacist to help inform the Board in its policy making.

Public comment on question 4:

Public comment suggested that the Board sponsor legislation to remove the restriction in the statute that currently prohibits the Board from changing the ratio via regulation.

Following discussion and consideration, the Committee directed staff to develop a survey for consideration at a future meeting.

**c. Discussion and Consideration of Pharmacist Provided CLIA Waived Tests Including Potential Expansion of Authorized Tests**



### Relevant Law

BPC Section 4052.4 (b) generally provides authority for a pharmacist to perform any aspect of any FDA-approved or FDA authorized test that is classified as waived pursuant to the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA-Waived) under specified conditions including:

1. The test does not require the use of specimens collected by vaginal swab, venipuncture or the collection of seminal fluid.
2. The test is used to detect or screen for any of the following illnesses, conditions, or diseases:
  - a. SARS-CoV-2 or other respiratory illness
  - b. Mononucleosis
  - c. Sexually transmitted infection
  - d. Strep throat
  - e. Anemia
  - f. Cardiovascular health
  - g. Conjunctivitis
  - h. Urinary tract infection
  - i. Liver and kidney function or infection
  - j. Thyroid function
  - k. Substance use disorder
  - l. Diabetes

This subsection further provides authority for the Board to adopt regulations to authorize additional CLIA waived tests that pharmacist may perform.

### Summary of Committee Discussion and Action

During the meeting members considered if additional tests should be considered and added to the list of CLIA waived tests a pharmacist may provide. As the agenda item was intended to be an open forum for discussion, members opened for public comment.

Some public comment spoke in support of such expansion suggesting that CLIA waived tests used for women's health may be appropriate. The Committee also received public comment opposed to any expansion noting that any consideration is premature given the outcomes of the original legislation is unknown at this time.

Following public comment members generally spoke in support of some expansion. The Committee Chair will be working with staff on next steps.

## **d. Discussion and Consideration of Central Fill Pharmacies, Included Title 16, California Code of Regulations Section 1707.4**

### Relevant Law

Title 16 CCR 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 underspecified conditions including:

1. The pharmacy that is to refill the prescription either has a contract with the pharmacy or has the same owner as the other pharmacy.
2. The prescription container meets labeling requirements and includes the name and address of pharmacy refilling the prescription and/or the name and address of the pharmacy which receives the refilled prescription.
3. The patient is provided with information about which pharmacy to contact if the patient has any questions.
4. Both pharmacies maintain records as specified.
5. Both pharmacies shall each be responsible for ensuring the order is properly filled.
6. The originating pharmacy is responsible for compliance with maintenance of medication profiles, drug utilization review and patient consultation.

#### Summary of Committee Discussion and Action

Members noted that given the regulations became effective July 1, 2000, and have remained unchanged for over 20 years, it is appropriate to review the requirements and determine if changes are appropriate. Provided below are the questions considered, a summary of the Committee's discussion and comments received from members of the public,

1. Should labeling requirements to update to ensure patient-centered labeling requirements are satisfied? Should the label include the names of both pharmacies?

Committee members noted that patient-centered labeling requirements already apply, but to ensure the regulated public understands the requirements, amendment to the regulation may be appropriate.

Members did not believe the names of both pharmacies should be included on the label.

Public comment on Question 1:

Public comment noted support of the central fill model and stated appreciation for the Committee having the discussion to confirm its interpretation of the law. Members were advised that states have implemented several approaches related to prescription labeling

requirements and noted the issue for patients is to understand how to contact the pharmacy.

Additional public comment indicated that the current labeling requirements are appropriate and suggested that the policies and procedures or the contract between the two pharmacies should define which pharmacy's information is included on the label.

2. Given the number of errors reported from central fill pharmacies, should the regulation require final product review at the dispensing pharmacy before the prescription is released to the patient? **Note:** As included in the ADDS Quality Assurance Programs report to the Enforcement and Compounding Committee, the Board has received numerous reports of medication errors stemming from the use of automated drug delivery systems within central fill pharmacies. Such errors generally result in the incorrect quantity of medication dispensed to the patients.

Members discussed the need for some form of verification suggesting that potentially that could be performed through technology. Some members stated that final product verification needs to be verified by a pharmacist in some form, with some being neutral as to which pharmacist provided such verification.

Other members suggested leaving the regulation as is indicating that the model is working. Members also noted that when implementation of the mandatory medication error reporting begins, the Board will have a better understanding of the safety and potential need for changes.

Public comment on Question 2:

Public comment suggested their request to receive confirmation on what appears to be a prior position of the Board which indicates that the Board defers to the professional judgement of a pharmacist on the use of technology for product verification. The question is if final human verification is required at the end of the dispensing process.

Other comments suggested that the use of technology reduces medication errors.

3. Clarify that the regulation allows for new and refill prescriptions? **Note:** the current regulation language appears to suggest that new prescriptions may be allowed; however, the language is not clear.

Members noted that the current language is unclear. Members spoke in support of allowing a central fill pharmacy to fill new and refill prescriptions.

Public comment on Question 3:

Public comment indicated support for the Board clarifying its position on new and refill positions noting that both should be allowed.

4. Should a patient provide consent or received notification that the prescription will be filled at a different pharmacy?

Members generally discussed the issue of customer consent but ultimately determined such an approach could confuse patients. Members did conclude that some sort of notification to patients that their medications would not be filled on site appeared appropriate.

Public comment on Question 4:

Public comment indicated that it is exceptionally rare for a state to require prior patient consent to engage in a central fill or shared services arrangement and suggested that patient should receive a notice that the prescription may not be filled on site.

5. Should we limit central fill pharmacies to only operating within California?

Members expressed concern with the Board's ability to inspect central fill pharmacies outside of California. Members indicated there did not otherwise appear to be a reason to limit a central fill pharmacy to only operating in California but that such nonresident pharmacies need to be held to the same standards as those operating in California.

Public comment to Question 5:

Public comments suggested the need for the Board to provide clarification on its policy in this area given that the language appears to suggest that the central fill pharmacy must be located in California.

6. Should the Board define central fill pharmacy?

Members noted that providing a definition could make things more clear but could also result in more problems. Some members suggested leaving the language in its current form.

Public comment on Question 6:

Public comment suggested that a definition is not needed, but that the title of the regulation needs to be updated.

7. Should the regulations be limited to noncontrolled medications only?

**Note:** DEA regs appear to limit c/s to a single transfer. Transferring to a central fill pharmacy then back to dispensing pharmacy appears to exceed DEA.

While some members were comfortable with both controlled substances and noncontrolled substances being filled at a central fill pharmacy, other members expressed concern. Members suggested that staff reach out of the DEA for confirmation on its provisions.

Public comment on Question 7:

Public comment suggested that central fill pharmacies should not be limited to just non-controlled substances and referenced DEA regulations governing controlled substances in central fill pharmacies.

Following discussion and consideration, the committee determined it appropriate to update the Board's regulations to remove some of the ambiguity in the law. The Committee Chair and staff will develop draft regulation language for consideration at the January Licensing Committee Meeting.

**e. Discussion and Consideration of the Board's Regulation of Mail Order Pharmacies**

Background

In California, 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 (i.e., central fill requirements discussed under the prior agenda item), generally all pharmacies must comply with the same laws. While this approach may allow for simplicity in California Pharmacy Law, it can also create some confusion. Further, given the broad nature of the Board's approach, it can at times lead to patient safety concerns.

This issue is apparent with mail order pharmacies, a pharmacy business model that appear to create some unique challenges for patients. Over the past year, board staff have noted an increase in the challenges patients are experiencing in receiving prescription medications.

Further, it appears appropriate to consider if mail order pharmacies operating outside of California are meeting the same standards as mail order pharmacies within California.

#### Summary of Committee Discussion and Action

During the meeting members initiated discussion and evaluation of mail order pharmacies. Members considered if there is a need to develop a requirement for tracking the temperature of medications that are mailed or if a more holistic approach to temperature monitoring through the entire supply chain and/or through different delivery methods is necessary.

Members also spoke of the need to prioritize inspections of nonresident pharmacies. Members suggested that the issue of out of state inspections of nonresident facilities should be an issue the Board raises as part of its sunset process noting the Board's need to protect California consumers.

Public comment: Public comments received suggested that mail order pharmacies provide critical service to patients and that requiring temperature monitors is not feasible and need to look at the entire supply chain.

Public comment suggested that as an alternative to performing out of state inspections, the Board could look to alternatives such as accepting an inspection performed by the resident state or through an accreditation agency. Comments suggested that temperature monitoring on all packages is impractical and indicated that an alternative approach could be to require a policy and procedure defining the manner or packaging used and mode of transportation.

Public comment suggested that patient consultation has declined with the transition to mail order pharmacy and prescription delivery.

### **IX. Discussion and Consideration of Licensing Statistics**

Licensing statistics from July 1, 2023 – September 30, 2023, are provided in **Attachment 2**.

During the first quarter of FY 2023/24, the Board has received 3,877 initial applications, including:

- 858 intern pharmacists
- 646 pharmacist exam applications (231 new, 415 retake)
- 40 advanced practice pharmacists
- 1,206 pharmacy technicians
- 102 community pharmacy license applications (101 PHY - 5 chain, 97 nonchain, 0 PHR)
- 13 sterile compounding pharmacy license applications (11 LSC, 2 NSC, 0 SCP)
- 25 nonresident pharmacy license applications
- 2 hospital pharmacy license applications

During the first quarter of FY 2023/24, the Board has received 1 request for temporary individual applications (Military Spouses/Partners), including:

- 1 temporary pharmacy technician

During the first quarter of FY 2023/24, the Board has received 129 requests for temporary site license applications, including:

- 84 community pharmacy license applications
- 9 sterile compounding pharmacy license applications
- 15 nonresident pharmacy license applications
- 3 hospital pharmacy license applications

During the first quarter of FY 2023/24, the Board has issued 2,445 individual licenses, including:

- 458 intern pharmacists
- 665 pharmacists
- 19 advanced practice pharmacists
- 1,228 pharmacy technicians

During the first quarter of FY 2023/24, the Board has issued 182 site licenses without temporary license requests, including:

- 93 automated drug delivery systems (93 AUD, 0 APD)
- 19 community pharmacies
- 0 hospital pharmacies

During the first quarter of FY 2023/24, the Board has issued 96 temporary site licenses, including:

- 66 community pharmacies
- 2 hospital pharmacies

Processing Times

<b>Site Application Type</b>	<b>Application Processing Times as of 7/7/2023</b>	<b>Application Processing Times as of 10/7/2023</b>	<b>Deficiency Mail Processing Times as of 7/7/2023</b>	<b>Deficiency Mail Processing Times as of 10/7/2023</b>
Pharmacy	114	59	141	69
Nonresident Pharmacy	171	85	182	87
Sterile Compounding	22	18	56	58
Nonresident Sterile Compounding	Current	18	Mail combined with Sterile	Mail combined with Sterile
Outsourcing	Current	Current	Current	Current
Nonresident Outsourcing	Current	Current	8	19
Hospital Satellite Compounding Pharmacy	Current	Current	Current	Current
Hospital	17	Current	28	Current
Clinic	133	54	Current	40
Wholesaler	72	32	Current	80
Nonresident Wholesaler	71	32	Combined with Wholesaler	Combined with Wholesaler
Third-Party Logistics Provider	Current	30	Combined with Wholesaler	Combined with Wholesaler
Nonresident Third-Party Logistics Provider	63	36	Combined with Wholesaler	Combined with Wholesaler
Automated Drug Delivery System	Current	19	Current	Current
Automated Patient Dispensing System	Current	Current	Current	Current
Emergency Medical Services Automated Drug Delivery System	Current	Current	Current	Current



<b>Individual Application Type</b>	<b>Application Processing Times as of 7/7/2023</b>	<b>Application Processing Times as of 10/7/2023</b>	<b>Deficiency Mail Processing Times as of 7/7/2023</b>	<b>Deficiency Mail Processing Times as of 10/7/2023</b>
Exam Pharmacist	25	5	Current	3
Pharmacist Initial Licensure	Current	Current	Current	Current
Advanced Practice Pharmacist	60	96	43	29
Intern Pharmacist	32	31	Current	5
Pharmacy Technician	38	19	44	114
Designated Representative	60	64	58	123
Designated Representatives-3PL	8	96	Combined with Designated Representative	Combined with Designated Representative
Designated Representatives-Reverse Distributor	30	Current	Combined with Designated Representative	Combined with Designated Representative
Designated Paramedic	Current	Current	Combined with Designated Representative	Combined with Designated Representative

Summary of Committee Discussion and Action

Members reviewed the information and noted the significant improvement in processing times. Members publicly acknowledge the efforts of Board staff to reduce processing times.

Public comment requested information on remote dispensing site pharmacies and was advised the information was included in the meeting materials.

# **Attachment 1**

Section 4071.1 of the Business and Professions Code is amended to read:

**4071.1.**

(a) A prescriber, a prescriber's authorized agent, or a pharmacist may electronically enter a prescription or an order, as defined in Section 4019, into a pharmacy's or hospital's computer from any location outside of the pharmacy or hospital with the permission of the pharmacy or hospital. For purposes of this section, a "prescriber's authorized agent" is a person licensed or registered under Division 2 (commencing with Section 500).

(b) This section does not reduce the existing authority of other hospital personnel to enter medication orders or prescription orders into a hospital's computer.

(c) A dangerous drug or dangerous device shall not be dispensed pursuant to a prescription that has been electronically entered into a pharmacy's computer without the prior approval of a pharmacist.

(d) (1) A pharmacist located and licensed in the state may, on behalf of a health care facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, from a location outside of the facility, verify medication chart orders for appropriateness before administration consistent with federal requirements, as established in the health care facility's policies and procedures.

(2) (A) A health care facility shall maintain a record of a pharmacist's verification of medication chart orders pursuant to this subdivision.

(B) A record maintained pursuant to subparagraph (A) shall meet the same requirements as those described in Sections 4081 and 4105.

(e) In order to enable any accredited school of pharmacy recognized by the Board to experiment with new and innovative methods for drug handling, or to develop new and better methods or concepts involving the ethical practice of pharmacy, the Board may waive the application of provisions of Pharmacy Law and its regulations applicable to remote processing of prescriptions, if the Dean of said school has filed with the Board an experimental plan or program which specifies the particular provisions to be waived, and which has been approved by the Board.

(f) The Board may adopt regulations that establish provisions for remote processing of prescriptions. At a minimum, remote processing of prescriptions may only be performed by a California licensed pharmacist, from a location within California. The regulations shall include provisions for security to protect health information, recordkeeping requirements and autonomy for the pharmacist-in-charge to determine when such processing is allowed. For purposes of this subdivision, "remote processing of prescriptions" includes, but is

not limited to, order entry, other data entry, performing prospective drug utilization review, interpreting clinical data, insurance processing, performing therapeutic interventions, providing drug information services, authorizing release of medication for administration, and patient consultation. For purposes of this subdivision, "remote processing of prescriptions" shall not include final product verification or the dispensing of a drug.

# **Attachment 2**

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

**APPLICATIONS RECEIVED**

<b>Individual Applications</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Designated Representatives (EXC)	100	0	0	0	100
Designated Representatives Vet (EXV)	0	0	0	0	0
Designated Representatives-3PL (DRL)	33	0	0	0	33
Designated Representatives-Reverse Distributor (DRR)	1	0	0	0	1
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	858	0	0	0	858
Pharmacist Exam Applications	231	0	0	0	231
Pharmacist Retake Exam Applications	415	0	0	0	415
Pharmacist Initial License Application (RPH)	659	0	0	0	659
Advanced Practice Pharmacist (APH)	40	0	0	0	40
Pharmacy Technician (TCH)	1,206	0	0	0	1,206
<b>Total</b>	<b>3,543</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,543</b>

<b>Temporary Individual Applications (Military Spouses/Partners)</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
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	0	0	0	1
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	72	0	0	0	72
Automated Drug Delivery System (ADD(APD))	1	0	0	0	1
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	0	0	0	32
Clinics Government Owned (CLE)	23	0	0	0	23
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	2	0	0	0	2
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)	1	0	0	0	1
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	2	0	0	0	2
Pharmacy (PHY)	96	0	0	0	96
Pharmacy (PHY) Chain	5	0	0	0	5
Pharmacy Government Owned (PHE)	1	0	0	0	1
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	25	0	0	0	25
Sterile Compounding (LSC)	10	0	0	0	10
Sterile Compounding Government Owned (LSE)	1	0	0	0	1
Sterile Compounding Nonresident (NSC)	2	0	0	0	2
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	3	0	0	0	3
Third-Party Logistics Providers Nonresident (NPL)	8	0	0	0	8
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	23	0	0	0	23
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	26	0	0	0	26
<b>Total</b>	<b>333</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>333</b>
*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	0	0	0	2
Hospital Government Owned - Temp (HPE)	1	0	0	0	1
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0	0
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	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0	0
Pharmacy - Temp (PHY)	82	0	0	0	82
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	0	0	0	15
Sterile Compounding - Temp (LSC)	7	0	0	0	7
Sterile Compounding Government Owned - Temp (LSE)	1	0	0	0	1
Sterile Compounding Nonresident - Temp (NSC)	1	0	0	0	1
Third-Party Logistics Providers - Temp (TPL)	1	0	0	0	1
Third-Party Logistics Providers Nonresident - Temp (NPL)	2	0	0	0	2
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesaler - Temp (WLS)	8	0	0	0	8
Wholesaler Government Owned - Temp (WLE)	0	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	7	0	0	0	7
<b>Total</b>	<b>129</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>129</b>

**LICENSES ISSUED**

<b>Individual Licenses Issued</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Designated Representatives (EXC)	57	0	0	0	57
Designated Representatives Vet (EXV)	0	0	0	0	0
Designated Representatives-3PL (DRL)	16	0	0	0	16
Designated Representatives-Reverse Distributor (DRR)	2	0	0	0	2
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	458	0	0	0	458
Pharmacist (RPH)	665	0	0	0	665
Advanced Practice Pharmacist (APH)	19	0	0	0	19
Pharmacy Technician (TCH)	1,228	0	0	0	1,228
<b>Total</b>	<b>2,445</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,445</b>

<b>Temporary Individual Licenses (Military Spouses/Partners) Issued</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



Site Licenses Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	93	0	0	0	93
Automated Drug Delivery System (ADD(APD))	0	0	0	0	0
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	7	0	0	0	7
Clinics Government Owned (CLE)	23	0	0	0	23
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)	1	0	0	0	1
Pharmacy (PHY)	16	0	0	0	16
Pharmacy Government Owned (PHE)	3	0	0	0	3
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	4	0	0	0	4
Sterile Compounding (LSC)	1	0	0	0	1
Sterile Compounding Government Owned (LSE)	1	0	0	0	1
Sterile Compounding Nonresident (NSC)	2	0	0	0	2
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	8	0	0	0	8
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	13	0	0	0	13
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	10	0	0	0	10
<b>Total</b>	<b>182</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>182</b>

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	0	0	0	1
Hospital Government Owned - Temp (HPE)	1	0	0	0	1
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0	0
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	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0	0
Pharmacy - Temp (PHY)	64	0	0	0	64
Pharmacy Government Owned - Temp (PHE)	2	0	0	0	2
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	11	0	0	0	11
Sterile Compounding - Temp (LSC)	2	0	0	0	2
Sterile Compounding Government Owned - Temp (LSE)	0	0	0	0	0
Sterile Compounding Nonresident - Temp (NSC)	0	0	0	0	0
Third-Party Logistics Providers - Temp (TPL)	1	0	0	0	1
Third-Party Logistics Providers Nonresident - Temp (NPL)	3	0	0	0	3
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesaler - Temp (WLS)	6	0	0	0	6
Wholesaler Government Owned - Temp (WLE)	0	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	5	0	0	0	5
<b>Total</b>	<b>96</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>96</b>

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

<b>Individual Applications Pending</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>
Designated Representatives (EXC)	267	0	0	0
Designated Representatives Vet (EXV)	7	0	0	0
Designated Representatives-3PL (DRL)	118	0	0	0
Designated Representatives-Reverse Distributor (DRR)	2	0	0	0
Designated Paramedic (DPM)	0	0	0	0
Intern Pharmacist (INT)	269	0	0	0
Pharmacist (exam not eligible)	1,271	0	0	0
Pharmacist (exam eligible)	1,325	0	0	0
Advanced Practice Pharmacist (APH)	125	0	0	0
Pharmacy Technician (TCH)	2,463	0	0	0
<b>Total</b>	<b>5,847</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Temporary Individual Applications Pending (Military Spouses/Partners)</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>
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	0	0	0
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Site Applications Pending</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>
Automated Drug Delivery System (ADD(AUD))	159	0	0	0
Automated Drug Delivery System (ADD(APD))	46	0	0	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	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0
Clinics (CLN)	172	0	0	0
Clinics Government Owned (CLE)	27	0	0	0
Drug Room (DRM)	1	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0
Hospitals (HSP)	7	0	0	0
Hospitals Government Owned (HPE)	1	0	0	0
Hospital Satellite Sterile Compounding (SCP)	2	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0
Hypodermic Needle and Syringes (HYP)	13	0	0	0
Correctional Pharmacy (LCF)	1	0	0	0
Outsourcing Facility (OSF)	1	0	0	0
Outsourcing Facility Nonresident (NSF)	13	0	0	0
Pharmacy (PHY)	262	0	0	0
Pharmacy Government Owned (PHE)	6	0	0	0
Remote Dispensing Pharmacy (PHR)	5	0	0	0
Pharmacy Nonresident (NRP)	181	0	0	0
Sterile Compounding (LSC)	64	0	0	0
Sterile Compounding - Government Owned (LSE)	10	0	0	0
Sterile Compounding Nonresident (NSC)	16	0	0	0
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0
Third-Party Logistics Providers (TPL)	6	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	69	0	0	0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0
Wholesalers (WLS)	71	0	0	0
Wholesalers Government Owned (WLE)	1	0	0	0
Wholesalers Nonresident (OSD)	161	0	0	0
<b>Total</b>	<b>1,296</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

**APPLICATIONS WITHDRAWN**

<b>Individual Applications</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Designated Representatives (EXC)	0	0	0	0	0
Designated Representatives Vet (EXV)	0	0	0	0	0
Designated Representatives-3PL (DRL)	0	0	0	0	0
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	1	0	0	0	1
Pharmacist (exam applications)	0	0	0	0	0
Advanced Practice Pharmacist (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	2	0	0	0	2
<b>Total</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>

<b>Temporary Individual Applications (Military Spouses/Partners)</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Site Applications</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Automated Drug Delivery System (ADD(AUD))	27	0	0	0	27
Automated Drug Delivery System (ADD(APD))	0	0	0	0	0
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	3	0	0	0	3
Clinics Government Owned (CLE)	0	0	0	0	0
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	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)	1	0	0	0	1
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)	5	0	0	0	5
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	12	0	0	0	12
Sterile Compounding (LSC)	2	0	0	0	2
Sterile Compounding - Government Owned (LSE)	2	0	0	0	2
Sterile Compounding Nonresident (NSC)	2	0	0	0	2
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	4	0	0	0	4
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	2	0	0	0	2
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	1	0	0	0	1
<b>Total</b>	<b>61</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>61</b>

**APPLICATIONS DENIED**

<b>Individual Applications</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Designated Representatives (EXC)	1	0	0	0	1
Designated Representatives Vet (EXV)	0	0	0	0	0
Designated Representatives-3PL (DRL)	0	0	0	0	0
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	0	0	0	0	0
Pharmacist (exam application)	0	0	0	0	0
Pharmacist (exam eligible)	0	0	0	0	0
Advanced Practice Pharmacist (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	5	0	0	0	5
<b>Total</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>

<b>Temporary Individual Applications (Military Spouses/Partners)</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Site Applications</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
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	0	0	0	1
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	0	0	0	0	0
Sterile Compounding (LSC)	0	0	0	0	0
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	0	0	0	0	0
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
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

**RESPOND TO STATUS INQUIRIES**

<b>Email Inquiries</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Designated Representative Received	405	0	0	0	405
Designated Representative Responded	115	0	0	0	115
Advanced Practice Pharmacist Received	227	0	0	0	227
Advanced Practice Pharmacist Responded	29	0	0	0	29
Pharmacist/Intern Received	2,216	0	0	0	2,216
Pharmacist/Intern Responded	2,216	0	0	0	2,216
Pharmacy Technician Received	2,721	0	0	0	2,721
Pharmacy Technician Responded	1,551	0	0	0	1,551
Pharmacy Received	2,297	0	0	0	2,297
Pharmacy Responded	1,837	0	0	0	1,837
Sterile Compounding/Outsourcing Received	647	0	0	0	647
Sterile Compounding/Outsourcing Responded	342	0	0	0	342
Wholesale/Hypodermic Received	811	0	0	0	811
Wholesale/Hypodermic/3PL Responded	549	0	0	0	549
Clinic Received	462	0	0	0	462
Clinic Responded	525	0	0	0	525
Automated Drug Delivery Systems Received	574	0	0	0	574
Automated Drug Delivery Systems Responded	440	0	0	0	440
Pharmacist-in-Charge Received	1,063	0	0	0	1,063
Pharmacist-in-Charge Responded	1,074	0	0	0	1,074
Change of Permit Received	598	0	0	0	598
Change of Permit Responded	502	0	0	0	502
Renewals Received	1,719	0	0	0	1,719
Renewals Responded	1,524	0	0	0	1,524

<b>Telephone Calls Received</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Designated Representative	0	0	0	0	0
Advanced Practice Pharmacist	98	0	0	0	98
Pharmacist/Intern	1,787	0	0	0	1,787
Pharmacy	634	0	0	0	634
Sterile Compounding/Outsourcing	106	0	0	0	106
Wholesale/Hypodermic/3PL	112	0	0	0	112
Clinic	152	0	0	0	152
Automated Drug Delivery Systems	10	0	0	0	10
Pharmacist-in-Charge	384	0	0	0	384
Change of Permit	90	0	0	0	90
Renewals	961	0	0	0	961
Reception	21,879	0	0	0	21,879

**UPDATE LICENSING RECORDS**

<b>Change of Pharmacist-in-Charge</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Received	476	0	0	0	476
Processed	502	0	0	0	502
Approved	444	0	0	0	444
Pending (Data reflects number of pending at the end of the quarter.)	295	0	0	0	295
<b>Change of Designated Representative-in-Charge</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Received	36	0	0	0	36
Processed	37	0	0	0	37
Approved	29	0	0	0	29
Pending (Data reflects number of pending at the end of the quarter.)	39	0	0	0	39
<b>Change of Responsible Manager</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Received	13	0	0	0	13
Processed	10	0	0	0	10
Approved	10	0	0	0	10
Pending (Data reflects number of pending at the end of the quarter.)	12	0	0	0	12
<b>Change of Professional Director</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Received	9	0	0	0	9
Processed	7	5	0	0	12
Approved	12	5	0	0	17
Pending (Data reflects number of pending at the end of the quarter.)	33	0	0	0	33
<b>Change of Permits</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Received	645	0	0	0	645
Processed	908	0	0	0	908
Approved	513	0	0	0	513
Pending (Data reflects number of pending at the end of the quarter.)	3,497	0	0	0	3,497
<b>Discontinuance of Business</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Received	134	0	0	0	134
Processed	131	0	0	0	131
Approved	95	0	0	0	95
Pending (Data reflects number of pending at the end of the quarter.)	290	0	0	0	290
<b>Intern Pharmacist Extensions</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Received	29	0	0	0	29
Processed	46	0	0	0	46
Completed	41	0	0	0	41
Pending (Data reflects number of pending at the end of the quarter.)	17	0	0	0	17
<b>Requests Approved</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Address/Name Changes	2,990	0	0	0	2,990
Off-site Storage	198	0	0	0	198
Transfer of Intern Hours	10	0	0	0	10
License Verification	135	0	0	0	135

**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))	15	0	0	0	15
Automated Drug Delivery System (ADD(APD))	0	0	0	0	0
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	2	0	0	0	2
Clinics Government Owned (CLE)	4	0	0	0	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 Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0
Correctional Pharmacy (LCF)	1	0	0	0	1
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	0	0	0	1
Pharmacy (PHY)	21	0	0	0	21
Pharmacy (PHY) Chain	34	0	0	0	34
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	5	0	0	0	5
Sterile Compounding (LSC)	8	0	0	0	8
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	0	0	0	0	0
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)	2	0	0	0	2
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	5	0	0	0	5
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	5	0	0	0	5
<b>Total</b>	<b>103</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>103</b>



**LICENSES RENEWED**

<b>Individual Licenses Renewed</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Designated Representatives (EXC)	655	0	0	0	655
Designated Representatives Vet (EXV)	16	0	0	0	16
Designated Representatives-3PL (DRL)	111	0	0	0	111
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	1	0	0	0	1
Pharmacist (RPH)	5,374	0	0	0	5,374
Advanced Practice Pharmacist (APH)	144	0	0	0	144
Pharmacy Technician (TCH)	7,883	0	0	0	7,883
<b>Total</b>	<b>14,184</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14,184</b>

<b>Site Licenses Renewed</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Automated Drug Delivery System (ADD(APD & AUD))	192	0	0	0	192
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)	1	0	0	0	1
Centralized Hospital Packaging (CHP)	4	0	0	0	4
Clinics (CLN)	419	0	0	0	419
Clinics Government Owned (CLE)	57	0	0	0	57
Drug Room (DRM)	3	0	0	0	3
Drug Room Government Owned (DRE)	1	0	0	0	1
Hospitals (HSP)	61	0	0	0	61
Hospitals Government Owned (HPE)	43	0	0	0	43
Hospital Satellite Sterile Compounding (SCP)	2	0	0	0	2
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	0	0	0	2
Hypodermic Needle and Syringes (HYP)	63	0	0	0	63
Correctional Pharmacy (LCF)	5	0	0	0	5
Outsourcing Facility (OSF)	1	0	0	0	1
Outsourcing Facility Nonresident (NSF)	2	0	0	0	2
Pharmacy (PHY)	1,153	0	0	0	1,153
Pharmacy Government Owned (PHE)	51	0	0	0	51
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	125	0	0	0	125
Sterile Compounding (LSC)	143	0	0	0	143
Sterile Compounding Government Owned (LSE)	48	0	0	0	48
Sterile Compounding Nonresident (NSC)	8	0	0	0	8
Surplus Medication Collection Distribution Intermediary (SME)	1	0	0	0	1
Third-Party Logistics Providers (TPL)	13	0	0	0	13
Third-Party Logistics Providers Nonresident (NPL)	47	0	0	0	47
Veterinary Food-Animal Drug Retailer (VET)	2	0	0	0	2
Wholesalers (WLS)	147	0	0	0	147
Wholesalers Government Owned (WLE)	3	0	0	0	3
Wholesalers Nonresident (OSD)	212	0	0	0	212
<b>Total</b>	<b>2,809</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,809</b>

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

<b>Individual Licenses</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>
Designated Representatives (EXC)	2,829	0	0	0
Designated Representatives Vet (EXV)	55	0	0	0
Designated Representatives-3PL (DRL)	480	0	0	0
Designated Representatives-Reverse Distributor (DRR)	15	0	0	0
Designated Paramedic (DPM)	3	0	0	0
Intern Pharmacist (INT)	4,740	0	0	0
Pharmacist (RPH)	49,906	0	0	0
Advanced Practice Pharmacist (APH)	1,210	0	0	0
Pharmacy Technician (TCH)	65,218	0	0	0
<b>Total</b>	<b>124,456</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Temporary Individual Licenses (Military Spouses/Partners)</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>
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	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Site Licenses</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>
Automated Drug Delivery System (ADD(AUD))	1,094	0	0	0
Automated Drug Delivery System (ADD(APD))	20	0	0	0
Automated Drug Delivery System EMS (ADE)	1	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	1	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	2	0	0	0
Centralized Hospital Packaging (CHP)	8	0	0	0
Clinics (CLN)	1,404	0	0	0
Clinics Government Owned (CLE)	938	0	0	0
Drug Room (DRM)	21	0	0	0
Drug Room Government Owned (DRE)	10	0	0	0
Hospitals (HSP)	399	0	0	0
Hospitals Government Owned (HPE)	77	0	0	0
Hospital Satellite Sterile Compounding (SCP)	4	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	4	0	0	0
Hypodermic Needle and Syringes (HYP)	237	0	0	0
Correctional Pharmacy (LCF)	57	0	0	0
Outsourcing Facility (OSF)	4	0	0	0
Outsourcing Facility Nonresident (NSF)	20	0	0	0
Pharmacy (PHY)	6,091	0	0	0
Pharmacy Government Owned (PHE)	144	0	0	0
Remote Dispensing Pharmacy (PHR)	2	0	0	0
Pharmacy Nonresident (NRP)	599	0	0	0
Sterile Compounding (LSC)	707	0	0	0
Sterile Compounding Government Owned (LSE)	103	0	0	0
Sterile Compounding Nonresident (NSC)	58	0	0	0
Surplus Medication Collection Distribution Intermediary (SME)	1	0	0	0
Third-Party Logistics Providers (TPL)	36	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	140	0	0	0
Veterinary Food-Animal Drug Retailer (VET)	18	0	0	0
Wholesalers (WLS)	477	0	0	0
Wholesalers Government Owned (WLE)	10	0	0	0
Wholesalers Nonresident (OSD)	809	0	0	0
<b>Total</b>	<b>13,496</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Population of Licenses</b>	<b>137,952</b>	<b>0</b>	<b>0</b>	<b>0</b>