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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

LICENSING COMMITTEE REPORT
September 26, 2018

Debbie Veale, Licensee Member, Chairperson
Stan Weisser, Licensee Member, Vice-Chairperson
Allen Schaad, Licensee Member
Amjad Khan, Public Member
Lavanza Butler, Licensee Member
Albert Wong, Licensee Member

1. Call to Order and Establishment of a Quorum

2. Public Comment for Items Not on the Agenda, Matters for Future Meetings

Note: The committee may not discuss or take action on any matter raised during the public comment section that is not included on this agenda, except to decide to place the matter on the agenda of a future meeting. [Government Code Sections 11125 and 11125.7(a)]

3. Presentation by the California Department of Corrections to Provide an Overview of the Correctional Clinic Model as a Result of AB 1812.

Attachment 1

Pursuant to enactment of Assembly Bill 1812 (Statutes of 2018), the California Department of Corrections (CDCR) will be refining its drug storage and delivery within correctional facilities.

During the meeting representatives from CDCR will review the changes to its model as well as speak to the benefits of such changes. Under this new model, CDCR will utilized licensed clinics within their facilities to store drugs in various locations providing for secure storage and accountability for the medications. Further CDCR will use automated drug delivery systems for certain types of medications. As the provisions of the measure became effective July 1, 2018, board staff is working on implementation.

Attachment 1 includes a copy of AB 1812.

4. Presentation by California Department of Health Care Services on the Los Angeles Moratorium relating to New Medi-Cal Numbers.

Attachment 2

A representative from the California Department of Health Care Services will provide a presentation on the current Moratorium in Los Angeles that relates to issuing new Medi-Cal numbers to licensed facilities. **Attachment 2** includes a copy of the current moratorium.

5. Discussion and Consideration of Amending section 1732.5(b) of Title 16 California Code of Regulations to Require a Pharmacist to Pass the Continuing Education Course Relating to Pharmacy Law.

Attachment 3

Relevant Law

BPC section 4231 establishes the continuing education requirements for a pharmacist.

CCR section 1732.5 further defines the statute to establish the pharmacist renewal requirements, which includes that at least two of the 30 hours required for pharmacist license renewal shall be completed by participation in a Board provided CE course in Law and Ethics. The law and ethics change take effect July 1, 2019.

Attachment 3 contains copies of the relevant sections of law.

Background

To fulfill this regulation change, board staff developed a one-hour webinar that covers new 2018 pharmacy laws and was posted on the board's website on August 1, 2018. As of September 12, 2018, 1,542 pharmacists have completed this online webinar.

While reviewing completion data gathered from this course, staff has found that some individuals have completed the training in less than 10 minutes and in many such instances, the individuals are not answering the questions correctly. It appears that some individuals are fast-forwarding through the course and may be missing out on the content. Approximately 14 percent of the individuals that completed the webinar scored less than 80 percent on the quiz questions. The board's current regulation only requires pharmacists to complete the course -- but does not require pharmacists to pass the course.

For Committee Consideration and Discussion

It may be appropriate for the committee to consider if, as currently written, the regulation is meeting the intended goal of the regulation or if further refinement to the language is necessary.

Should the committee determine it appropriate to clarify that a pharmacist must pass the course, staff believes amendment the current regulation would be required.

Based on the outcome of the committee's discussion and recommendation, board staff, in concert with counsel, can develop suggested language for the board's consideration.

6. Discussion and Consideration of Continuing Education Requirements for an Advanced Practice Pharmacist that Includes the Option for an Inactive Status for an Advanced Practice Pharmacist license.

Attachment 4

Relevant Law

BPC section 4210 establishes the licensing requirements for an advanced practice pharmacist, which includes the license shall be issued coterminous with the license to practice pharmacy.

BPC section 4233 establishes the continuing education requirements for an advanced practice pharmacist.

BPC section 4231 establishes the pharmacist renewal requirements, which includes the required 30 hours of continuing education as well as language to place a pharmacist license on inactive status for failing to comply with the renewal requirements.

CCR sections 1702 and 1732.5 further defines the renewal requirements for a pharmacist.

Attachment 4 includes copies of the relevant sections of law.

Background

As of December 13, 2016, the board began accepting applications for advanced practice pharmacists and shortly thereafter in 2017 began issuing advanced practice pharmacist licenses to those that met the licensure requirements.

An advanced practice pharmacist is required to complete an additional 10 hours of continuing education each renewal cycle in addition to the 30 hours required for their pharmacist license renewal.

During the April 2018 Committee meeting and the May 2018 Board Meeting, members discussed the current continuing education requirements for pharmacists and advanced practice pharmacists' renewal requirements. As part of the discussion it was noted that while the board has the authority to issue an inactive pharmacist license under specified condition, the board does not similar authority for an advanced practice pharmacist license renewal.

At the conclusion of the board's discussion, staff was requested to further review the continuing education requirements and bring recommendations to create renewal requirements for an advanced practice pharmacist that mirror the requirements for pharmacists.

For Committee Discussion and Consideration

During this meeting, members will have an opportunity to further discuss renewal requirements for advanced practice pharmacists. Provided below are some policy questions that may be helpful to the committee to consider as part of its discussion.

1. Pharmacists are exempt from earning continuing education hours during their first renewal cycle. A similar provision does not exist for advanced practice pharmacists. Staff further notes that the advanced practice pharmacist expiration date is issued coterminous with their primary pharmacist license and as such, the licensee may not receive the full two years during the first renewal cycle.
2. The board has the authority to issue an inactive a pharmacist license to an individual that has not satisfied the CE requirements. Staff notes that this ability applies when either the pharmacist fails to provide satisfactory proof as part of a renewal or in response to an audit.

A similar provision does not exist of advanced practice pharmacists.
3. Provisions exist to establish the process to reactivate a pharmacist license however there is no similar process to reactivate an advanced practice pharmacist license.
4. Pharmacists are required to retain their CE certificates for four years, but there is no similar requirement for advanced practice pharmacists.

Based on the outcome of the committee's discussion and recommendation, board staff, in concert with counsel, can develop suggested language for the board's consideration.

7. Discussion and Consideration of Amending Business and Professions Code (BPC) section 4400, Subdivisions (n) and (o), to Specify the Reissuance Fees for a Duplicate License or for Updating License Record Information.

Attachment 5

Relevant Law
BPC section 4400 establishes the fee requirements for the board.

BPC section 4400(n) specifically establishes the fee for a reissuance of any license, or renewal thereof, that has been lost or destroyed or reissued due to a name change shall be thirty-five dollars ($35) and may be increased to forty-five dollars ($45).

BPC section 4400(o) specifically establishes the fee for the reissuance of any license, or renewal thereof, that must be reissued because of a change in the information, shall be one hundred dollars ($100) and may be increased to one hundred thirty dollars ($130).

Attachment 5 includes a copies of the relevant sections of law.

Background
Under BPC section 4400(n) the board reissues a license certificate at the request of the licensee when a license has been lost or destroyed or due to a name change. The current fee to reissue a license is $45. The current statutory language does not allow the board to reissue a license when there is any other type of change to the license that would impact the information on the license certificate.

The board reissues a license under BPC section 4400(o) when there has been any change to the license information, which is submitted with a change of permit application or a change in pharmacist-in-charge/designated representative-in-charge/responsible manager. The current fee to reissue a license based on a change of permit or a change to the licensee in charge of the facility is $100.

For Committee Discussion and Consideration
Currently, there are various statute and regulations that define the requirements for when a licensee is required to notify the board of a change of information. Such a notification could be required due to a name or address change for an individual or due to a change in pharmacy officers.

Under the current construct, even changes that do not reflect a change on the license itself, result in the printing of a license consistent with the wording of the statute. For example, a change in officer is required to be reported to the board, but such information is not printed on the license. To remedy this, staff is requesting consideration by the committee to amend BPC 4400 subdivision (n) and subdivision (o) to clarify that the fee collected is the processing fee to update the license record.

During this meeting, members will have an opportunity to discuss moving forward with amending BPC section 4400 subdivisions (n) and (o).

Should the committee determine amendment to BPC section 4400 subdivision (n) and (o) is appropriate, board staff and counsel will draft language to present to the full board for consideration.

8. Discussion and Consideration of Amending Business and Professions Code Section 4115.5, Regarding Pharmacy Technician Trainee Externship Hour Requirements.

Attachment 6

Relevant Law

BPC section 4115.5 establishes the requirements for a pharmacy technician trainee completing an externship for the purpose of obtaining practical training required to become licensed as a pharmacy technician. Subdivision (c)(2) specifies the number of trainee externship hours required between a community and hospital pharmacy.

BPC Section 4202 (a)(2) establishes the option to qualify for a pharmacy technician license by completing a course of training specified by the board. California Code of Regulations section 1793.6(a), further defines the training course as "Any pharmacy technician training program accredited by the American Society of Health-System Pharmacists" (ASHP).

Background

Individuals applying for a pharmacy technician license may qualify under section 4202(a)(2) of the BPC along with CCR 1793.6(a) which requires the completion of a training program accredited by the ASHP. ASHP accredited pharmacy technician training programs require a total of 130 pharmacy technician trainee hours which is more than the 120 hours as required in BPC 4115.5(c)(2). This is resulting in a conflict for the ASHP accredited pharmacy technician training programs to comply with Pharmacy Law as well meeting the accreditation standards with ASHP.

Attachment 6 contains copies of the relevant law sections as well as the relevant section of the ASHP pharmacy technician training program requirements.

For Committee Discussion and Consideration

During this meeting, members will have an opportunity to discuss the current conflict within the required pharmacy technician trainee hours.

Should the committee determine amendment to BPC section 4115.5 is appropriate, board staff and counsel will draft language to present to the full board for consideration.

9. Discussion and Consideration of Establishing Authority to Allow for an Advance Practice Pharmacist to Provide Medically Assisted Treatment.

Attachment 7

Issue

In the midst of a huge nationwide opioid crisis, one of the recommended solutions to address the crisis is to provide medication assisted treatment to help wean patients from opioids. There are three main medications used for this methadone, buprenorphine and naltrexone.

Attachment 7 contains information on medication assisted treatment from the *Substance Abuse and Mental Health Services Administration* (SAMHSA).

At this meeting, the committee will have an opportunity to discuss whether pharmacists should be added to the group of health care providers who can perform collaborative therapy using buprenorphine.

Overview

Pharmacists are medication specialists who are skilled in the assessment and management of substance related disorders such as opioid addiction. Today pharmacists have six to eight years of collegiate education with focused experience in performing medication management. Increasingly this also includes additional residency experience. Under California law for a number of years and in conjunction with collaborative practice agreements with prescribers, pharmacists have the ability to:

1. Design treatment plans
2. Initiate medications
3. Monitor patient progress
4. Order and review necessary laboratory tests
5. Coordinate care with other medical providers.
6. Serve as expert consultants to support prescribers in making medication decisions for patients with opioid addiction and co-occurring conditions

This skill set serves a dual purpose of positioning pharmacists so they may provide direct care to patients with opioid addiction and assist other medical providers in caring for this population thereby expanding access to treatment. Additionally, in California pharmacists with appropriate education and experience may secure an additional pharmacists license, that of Advanced Practice Pharmacist, which authorizes collaborative practice with primary care providers.

Barriers

Although pharmacists in many states can prescribe controlled substances under collaborative drug therapy management agreements, they are not eligible to obtain a federal DATA 2000 waiver to prescribe buprenorphine for opioid addiction. Under federal regulations only physicians, nurse practitioners, and physician assistants can obtain this authority. Having this authority would allow them to fully exercise their pharmaceutical expertise in this area and

expand the pool of providers for medication assisted treatment.

10. Discussion and Consideration of Licensing Committee Strategic Goals for Fiscal Year 2018/19 and Thereafter

Attachment 8

In 2016 the board finalized its current strategic plan. It is recommended that the committee discuss its strategic goals for the coming fiscal year as well as the remainder of the plan.

Provided below are the goals currently included in the board's strategic plan along with a brief status.

1.1 Research and identify issues that result from unlicensed vendors in the marketplace to proactively maintain patient safety and health.

Status: The Executive Officer serves on the NABP's .PHARMACY task force and provides updates on the national efforts to address unlicensed internet pharmacy sales.

1.2 Implement online application, license renewal, and fee payment for applicants and licensees to improve licensing conveniences.

Status: The board is currently working with the department to secure the ability to accept credit card payments for renewal payments. Further, the board is in the initial stages of Business Modernization, the process used to evaluate legacy computer systems.

1.3 Complete a comprehensive review of at least five licensure categories and update requirements to ensure relevancy and keep licensing requirements current with professional practices.

Status:

- Post implementation review of the Advanced Practice Pharmacist is underway.
- Occupation Analysis is underway for both of the currently recognized pharmacy technician certification examinations and regulation changes are pending to update the training requirements.
- Review of hospital pharmacy practice was evaluated, and legislative changes secured to established satellite compounding pharmacies. The board has started to receive hospital satellite compounding applications for licensure.

1.4 Explore, and possibly implement, opportunities to use contracted organizations to administer the board's California Practice Standards and Jurisprudence Examination to increase access to the examination.

Status: No action has been taken on this goal.

1.5 Improve the application process for new licensees, including providing informational

resources directed toward applicants to offer more guidance about the application process.

Status: Applications are in various stages of being streamlined and standardized.

1.6 Establish requirements to form a licensing process for alternate work sites and vendors in the pharmacy marketplace to advance patient safety and health.
Status: Statutory changes to allow for the use of ADDS is awaiting signature by the Governor.

1.7 Identify opportunities to expand electronic interfaces with licensees to allow for online application and renewal.

Status: The board is currently working with the department on Business Modernization.

Attachment 8 includes the relevant portion of the board's strategic plan.

11. Licensing Statistics for July 1, 2018 – August 31, 2018

Attachment 9

As of August 31, 2018, the board has received 3,833 initial applications, including:

- 1,190 intern pharmacists.
- 364 pharmacist exam applications.
- 45 advanced practice pharmacists.
- 1,026 pharmacy technicians.
- 1 outsourcing facility.
- 1 nonresident outsourcing facilities.

As of August 31, 2018, the board has issued 2,211 licenses, renewed 10,972 licenses and has 140,221 active licenses, including:

- 7,248 intern pharmacists.
- 46,049 pharmacists.
- 372 advanced practice pharmacists.
- 71,432 pharmacy technicians.
- 6,488 pharmacies.
- 467 hospitals and exempt hospitals.
- 20 nonresident outsourcing facilities.
- 2 outsourcing facilities

Information on application processing times will be provided during the meeting.

12. Future Committee Meeting Dates

The Licensing Committee will discuss scheduling meeting dates for the remainder of 2018 and dates for 2019.

Attachment 1

recognized as training facilities by the California Board of Registered Nursing.

SEC. 5. Section 4081 of the Business and Professions Code is amended to read:

4081. (a) All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, licensed correctional clinic, as defined in Section 4187, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

(b) The owner, officer, and partner of a pharmacy, wholesaler, third-party logistics provider, or veterinary food-animal drug retailer shall be jointly responsible, with the pharmacist-in-charge, responsible manager, or designated representative-in-charge, for maintaining the records and inventory described in this section.

(c) The pharmacist-in-charge, responsible manager, or designated representative-in-charge shall not be criminally responsible for acts of the owner, officer, partner, or employee that violate this section and of which the pharmacist-in-charge, responsible manager, or designated representative-in-charge had no knowledge, or in which he or she did not knowingly participate.

(d) Pharmacies that dispense nonprescription diabetes test devices pursuant to prescriptions shall retain records of acquisition and sale of those nonprescription diabetes test devices for at least three years from the date of making. The records shall be at all times during business hours open to inspection by authorized officers of the law.

SEC. 6. Article 13.5 (commencing with Section 4187) is added to Chapter 9 of Division 2 of the Business and Professions Code, to read:

Article 13.5. Correctional Clinics

4187. For purposes of this article the following terms shall have the following meanings:

(a) “Correctional clinic” means a primary care clinic, as referred to in subdivision (b) of Section 1206 of the Health and Safety Code, conducted, maintained, or operated by the state to provide health care to eligible patients of the Department of Corrections and Rehabilitation.

(b) “Chief executive officer” means the highest ranking health care administrator at a correctional institution.

(c) “Chief medical executive” means a physician and surgeon acting in the capacity of medical director within the correctional institution.

(d) “Chief nurse executive” means the highest ranking nurse within the correctional institution.

(e) “Licensed correctional clinic” means a correctional clinic that is licensed pursuant to this article.

(f) “Supervising dentist” means the highest ranking dentist within the correctional institution.

4187.1. (a) Notwithstanding any other provision of this chapter, a correctional clinic licensed by the board under this article may obtain drugs from a licensed correctional pharmacy, the Department of Correction and Rehabilitation’s Central Fill Pharmacy, or from another correctional clinic licensed by the board under this article within the same institution for the administration or dispensing of drugs or devices to patients eligible for care at the correctional facility if under either:

(1) The direction of a physician and surgeon, dentist, or other person lawfully authorized to prescribe.

(2) An approved protocol as identified within the statewide Inmate Medical Services Policies and Procedures.

(b) The dispensing or administering of drugs in a correctional clinic may be performed pursuant to a chart order, as defined in Section 4019, a valid prescription consistent with this chapter, or pursuant to an approved protocol as identified within the statewide Inmate Medical Services Policies and Procedures. The dispensing of drugs in a correctional clinic shall only be performed by a physician and surgeon, a dentist, a pharmacist, or other person lawfully authorized to dispense drugs. Medications dispensed to patients that are to be kept on the patient’s person for use shall meet the labeling requirements of Section 4076 and all recordkeeping requirements of this chapter.

(c) A correctional clinic shall keep records of the kind and amounts of drugs acquired, administered, transferred, and dispensed. The records shall be available and maintained for a minimum of three years for inspection by all properly authorized personnel.

(d) (1) A correctional clinic shall not be entitled to the benefits of this section until it has obtained a license from the board.

(2) A separate license shall be required for each correctional clinic location and shall not be transferrable.

(3) A correctional clinic’s location and address shall be identified by correctional institution and building within that correctional institution.

(4) A clinic shall notify the board in advance of any change in the clinic’s address on a form furnished by the board.

4187.2. (a) The policies and procedures to implement the laws and regulations of this article within a correctional clinic shall be developed and approved by the statewide Correctional Pharmacy and Therapeutics Committee referenced in Section 5024.2 of the Penal Code. Prior to the

issuance of a correctional clinic license by the board, an acknowledgment shall be signed by the correctional facility pharmacist-in-charge servicing that institution, the pharmacist-in-charge for the California Department of Correction and Rehabilitation's Central Fill Pharmacy, and the correctional clinic's chief medical executive, supervising dentist, chief nurse executive, and chief executive officer.

(b) (1) The chief executive officer shall be responsible for the safe, orderly, and lawful provision of pharmacy services. The pharmacist-in-charge of the correctional facility shall implement the policies and procedures developed and approved by the statewide Correctional Pharmacy and Therapeutics Committee referenced in Section 5024.2 of the Penal Code and the statewide Inmate Medical Services Policies and Procedures in conjunction with the chief executive officer, the chief medical executive, the supervising dentist, and the chief nurse executive.

(2) A licensed correctional clinic shall notify the board within 30 days of any change in the chief executive officer on a form furnished by the board.

(c) A correctional facility pharmacist shall be required to inspect the clinic at least quarterly.

4187.3. A Schedule II, III, IV, or V controlled substance may be administered by health care staff of the licensed correctional clinic lawfully authorized to administer pursuant to a chart order, as defined in Section 4019, a valid prescription consistent with this chapter, or pursuant to an approved protocol as identified within the statewide Inmate Medical Services Policies and Procedures.

4187.4. The board shall have the authority to inspect a correctional clinic at any time in order to determine whether a correctional clinic is, or is not, operating in compliance with this article.

4187.5. (a) An automated drug delivery system, as defined in subdivision (h), may be located in a correctional clinic licensed by the board under this article. If an automated drug delivery system is located in a correctional clinic, the correctional clinic shall implement the statewide Correctional Pharmacy and Therapeutics Committee's policies and procedures and the statewide Inmate Medical Services Policies and Procedures to ensure safety, accuracy, accountability, security, patient confidentiality, and maintenance of the quality, potency, and purity of drugs. All policies and procedures shall be maintained either in electronic form or paper form at the location where the automated drug system is being used.

(b) Drugs shall be removed from the automated drug delivery system upon authorization by a pharmacist after the pharmacist has reviewed the prescription and the patient profile for potential contraindications and adverse drug reactions. If the correctional pharmacy is closed and if, in the prescriber's professional judgment, delay in therapy may cause patient harm, a medication may be removed from the automated drug delivery system and administered or furnished to a patient under the direction of the prescriber. Where the drug is otherwise unavailable, a medication may be removed and administered or furnished to the patient pursuant to an approved

protocol as identified within the statewide Inmate Medical Services Policies and Procedures. Any removal of medication from an automated drug delivery system shall be documented and provided to the correctional pharmacy when it reopens.

(c) Drugs removed from the automated drug delivery system shall be provided to the patient by a health professional licensed pursuant to this division who is lawfully authorized to perform that task.

(d) The stocking of an automated drug delivery system shall be performed by either:

(1) A pharmacist.

(2) An intern pharmacist or pharmacy technician, acting under the supervision of a pharmacist.

(e) Review of the drugs contained within, and the operation and maintenance of, the automated drug delivery system shall be the responsibility of the correctional clinic. The review shall be conducted on a monthly basis by a pharmacist and shall include a physical inspection of the drugs in the automated drug delivery system, an inspection of the automated drug delivery system machine for cleanliness, and a review of all transaction records in order to verify the security and accountability of the system.

(f) The automated drug delivery system shall be operated by a licensed correctional pharmacy. Any drugs within an automated drug delivery system are considered owned by the licensed correctional pharmacy until they are dispensed from the automated drug delivery system.

(g) Drugs from the automated drug delivery system in a correctional clinic shall only be removed by a person lawfully authorized to administer or dispense the drugs.

(h) For purposes of this section, an "automated drug delivery system" means a mechanical system controlled remotely by a pharmacist that performs operations or activities, other than compounding or administration, relative to the storage, dispensing, or distribution of prepackaged dangerous drugs or dangerous devices. An automated drug delivery system shall collect, control, and maintain all transaction information to accurately track the movement of drugs into and out of the system for security, accuracy, and accountability.

SEC. 7. Section 4203.6 is added to the Business and Professions Code, to read:

4203.6. (a) Each application for a license as a correctional clinic under Article 13.5 (commencing with Section 4187) shall be made on a form furnished by the board. The application form shall contain the name and address of the applicant, the name of its chief executive officer, as defined in Section 4187, and the name of the pharmacist-in-charge of the correctional pharmacy that provides drugs to the clinic.

(b) Upon the filing of the application and payment of the fee prescribed in Section 4400, where applicable, the board shall make a thorough investigation to determine whether the applicant and the premises for which application for a license is made qualify for licensure. The board shall also

determine whether this article has been complied with and shall investigate all matters directly related to the issuance of the license. The board shall not, however, investigate any matters connected with the operation of a premises, including, but not limited to, operating hours, parking availability, or operating noise, except those matters relating to the furnishing or dispensing of drugs or devices. The board shall deny an application for a license if either the applicant or the premises for which application for a license is made does not qualify for a license under this article.

(c) If the board determines that the applicant and the premises for which application for a license is made qualify for a license under this article, the executive officer of the board shall issue a license authorizing the correctional clinic to which it is issued to obtain drugs pursuant to Article 13.5 (commencing with Section 4187). The license shall be renewed annually on or before December 31 of each year upon payment of the renewal fee prescribed in Section 4400, if applicable. A license shall not be transferable.

SEC. 8. Section 4400 of the Business and Professions Code is amended to read:

4400. The amount of fees and penalties prescribed by this chapter, except as otherwise provided, is that fixed by the board according to the following schedule:

(a) The fee for a nongovernmental pharmacy license shall be five hundred twenty dollars ($520) and may be increased to five hundred seventy dollars ($570). The fee for the issuance of a temporary nongovernmental pharmacy permit shall be two hundred fifty dollars ($250) and may be increased to three hundred twenty-five dollars ($325).

(b) The fee for a nongovernmental pharmacy license annual renewal shall be six hundred sixty-five dollars ($665) and may be increased to nine hundred thirty dollars ($930).

(c) The fee for the pharmacist application and examination shall be two hundred sixty dollars ($260) and may be increased to two hundred eighty-five dollars ($285).

(d) The fee for regrading an examination shall be ninety dollars ($90) and may be increased to one hundred fifteen dollars ($115). If an error in grading is found and the applicant passes the examination, the regrading fee shall be refunded.

(e) The fee for a pharmacist license shall be one hundred ninety-five dollars ($195) and may be increased to two hundred fifteen dollars ($215). The fee for a pharmacist biennial renewal shall be three hundred sixty dollars ($360) and may be increased to five hundred five dollars ($505).

(f) The fee for a nongovernmental wholesaler or third-party logistics provider license and annual renewal shall be seven hundred eighty dollars ($780) and may be increased to eight hundred twenty dollars ($820). The application fee for any additional location after licensure of the first 20 locations shall be three hundred dollars ($300) and may be decreased to no less than two hundred twenty-five dollars ($225). A temporary license fee shall be seven hundred fifteen dollars ($715) and may be decreased to no less than five hundred fifty dollars ($550).

(g) The fee for a hypodermic license shall be one hundred seventy dollars ($170) and may be increased to two hundred forty dollars ($240). The fee for a hypodermic license renewal shall be two hundred dollars ($200) and may be increased to two hundred eighty dollars ($280).

(h) (1) The fee for application, investigation, and issuance of a license as a designated representative pursuant to Section 4053, as a designated representative-3PL pursuant to Section 4053.1, or as a designated representative-reverse distributor pursuant to Section 4053.2 shall be one hundred fifty dollars ($150) and may be increased to two hundred ten dollars ($210).

(2) The fee for the annual renewal of a license as a designated representative, designated representative-3PL, or designated representative-reverse distributor shall be two hundred fifteen dollars ($215) and may be increased to three hundred dollars ($300).

(i) (1) The fee for the application, investigation, and issuance of a license as a designated representative for a veterinary food-animal drug retailer pursuant to Section 4053 shall be one hundred fifty dollars ($150) and may be increased to two hundred ten dollars ($210).

(2) The fee for the annual renewal of a license as a designated representative for a veterinary food-animal drug retailer shall be two hundred fifteen dollars ($215) and may be increased to three hundred dollars ($300).

(j) (1) The application fee for a nonresident wholesaler or third-party logistics provider license issued pursuant to Section 4161 shall be seven hundred eighty dollars ($780) and may be increased to eight hundred twenty dollars ($820).

(2) For nonresident wholesalers or third-party logistics providers that have 21 or more facilities operating nationwide the application fees for the first 20 locations shall be seven hundred eighty dollars ($780) and may be increased to eight hundred twenty dollars ($820). The application fee for any additional location after licensure of the first 20 locations shall be three hundred dollars ($300) and may be decreased to no less than two hundred twenty-five dollars ($225). A temporary license fee shall be seven hundred fifteen dollars ($715) and may be decreased to no less than five hundred fifty dollars ($550).

(3) The annual renewal fee for a nonresident wholesaler license or third-party logistics provider license issued pursuant to Section 4161 shall be seven hundred eighty dollars ($780) and may be increased to eight hundred twenty dollars ($820).

(k) The fee for evaluation of continuing education courses for accreditation shall be set by the board at an amount not to exceed forty dollars ($40) per course hour.

(*l*) The fee for an intern pharmacist license shall be one hundred sixty-five dollars ($165) and may be increased to two hundred thirty dollars ($230). The fee for transfer of intern hours or verification of licensure to another state shall be twenty-five dollars ($25) and may be increased to thirty dollars ($30).

(m) The board may waive or refund the additional fee for the issuance of a license where the license is issued less than 45 days before the next regular renewal date.

(n) The fee for the reissuance of any license, or renewal thereof, that has been lost or destroyed or reissued due to a name change shall be thirty-five dollars ($35) and may be increased to forty-five dollars ($45).

(o) The fee for the reissuance of any license, or renewal thereof, that must be reissued because of a change in the information, shall be one hundred dollars ($100) and may be increased to one hundred thirty dollars ($130).

(p) It is the intent of the Legislature that, in setting fees pursuant to this section, the board shall seek to maintain a reserve in the Pharmacy Board Contingent Fund equal to approximately one year's operating expenditures.

(q) The fee for any applicant for a nongovernmental clinic license shall be five hundred twenty dollars ($520) for each license and may be increased to five hundred seventy dollars ($570). The annual fee for renewal of the license shall be three hundred twenty-five dollars ($325) for each license and may be increased to three hundred sixty dollars ($360).

(r) The fee for the issuance of a pharmacy technician license shall be one hundred forty dollars ($140) and may be increased to one hundred ninety-five dollars ($195). The fee for renewal of a pharmacy technician license shall be one hundred forty dollars ($140) and may be increased to one hundred ninety-five dollars ($195).

(s) The fee for a veterinary food-animal drug retailer license shall be four hundred thirty-five dollars ($435) and may be increased to six hundred ten dollars ($610). The annual renewal fee for a veterinary food-animal drug retailer license shall be three hundred thirty dollars ($330) and may be increased to four hundred sixty dollars ($460).

(t) The fee for issuance of a retired license pursuant to Section 4200.5 shall be thirty-five dollars ($35) and may be increased to forty-five dollars ($45).

(u) The fee for issuance of a nongovernmental sterile compounding pharmacy license or a hospital satellite compounding pharmacy shall be one thousand six hundred forty-five dollars ($1,645) and may be increased to two thousand three hundred five dollars ($2,305). The fee for a temporary license shall be five hundred fifty dollars ($550) and may be increased to seven hundred fifteen dollars ($715). The annual renewal fee of the license shall be one thousand three hundred twenty-five dollars ($1,325) and may be increased to one thousand eight hundred fifty-five dollars ($1,855).

(v) The fee for the issuance of a nonresident sterile compounding pharmacy license shall be two thousand three hundred eighty dollars ($2,380) and may be increased to three thousand three hundred thirty-five dollars ($3,335). The annual renewal of the license shall be two thousand two hundred seventy dollars ($2,270) and may be increased to three thousand one hundred eighty dollars ($3,180). In addition to paying that application fee, the nonresident sterile compounding pharmacy shall deposit, when submitting the application, a reasonable amount, as determined by the board,

necessary to cover the board's estimated cost of performing the inspection required by Section 4127.2. If the required deposit is not submitted with the application, the application shall be deemed to be incomplete. If the actual cost of the inspection exceeds the amount deposited, the board shall provide to the applicant a written invoice for the remaining amount and shall not take action on the application until the full amount has been paid to the board. If the amount deposited exceeds the amount of actual and necessary costs incurred, the board shall remit the difference to the applicant.

(w) The fee for the issuance of an outsourcing facility license shall be two thousand two hundred seventy dollars ($2,270) and may be increased to up to three thousand one hundred eighty dollars ($3,180) by the board. The fee for the renewal of an outsourcing facility license shall be one thousand three hundred twenty-five dollars ($1,325) and may be increased to up to one thousand eight hundred fifty-five dollars ($1,855) by the board. The fee for a temporary outsourcing facility license shall be seven hundred fifteen dollars ($715).

(x) The fee for the issuance of a nonresident outsourcing facility license shall be two thousand three hundred eighty dollars ($2,380) and may be increased to up to three thousand three hundred thirty-five dollars ($3,335) by the board. The fee for the renewal of a nonresident outsourcing facility license shall be two thousand two hundred seventy dollars ($2,270) and may be increased to up to three thousand one hundred eighty dollars ($3,180) by the board. In addition to paying that application fee, the nonresident outsourcing facility shall deposit, when submitting the application, a reasonable amount, as determined by the board, necessary to cover the board's estimated cost of performing the inspection required by Section 4129.2. If the required deposit is not submitted with the application, the application shall be deemed to be incomplete. If the actual cost of the inspection exceeds the amount deposited, the board shall provide to the applicant a written invoice for the remaining amount and shall not take action on the application until the full amount has been paid to the board. If the amount deposited exceeds the amount of actual and necessary costs incurred, the board shall remit the difference to the applicant.

(y) The fee for the issuance of a centralized hospital packaging license shall be eight hundred twenty dollars ($820) and may be increased to one thousand one hundred fifty dollars ($1,150). The annual renewal of the license shall be eight hundred five dollars ($805) and may be increased to one thousand one hundred twenty-five dollars ($1,125).

(z) The fee for the issuance of a license to a correctional clinic pursuant to Article 13.5 (commencing with Section 4187) that is not owned by the state shall be five hundred twenty dollars ($520) and may be increased to five hundred seventy dollars ($570). The annual renewal fee for that correctional clinic license shall be three hundred twenty-five dollars ($325) and may be increased to three hundred sixty dollars ($360).

SEC. 9. Section 12838.1 of the Government Code is amended to read:

Attachment 2

LOS ANGELES COUNTY
PHARMACY MORATORIUM

May 1, 2018

In accordance with Section 14043.55 of the *California Welfare and Institutions Code*, I, Jennifer Kent, Director of the Department of Health Care Services, Health and Human Services Agency, State of California, will implement for 180 days, a moratorium on the enrollment of Pharmacy providers located in Los Angeles County. Upon approval of this moratorium, the Los Angeles County Pharmacy Moratorium dated November 1, 2017, will expire and be superseded by this moratorium. This new moratorium will expire on October 28, 2018. This moratorium exempts any of the following applications for provider enrollment:

1. The enrollment of Chain Pharmacy providers. For the purposes of this moratorium, a Chain Pharmacy is defined as an entity with 20 or more service locations.

2. An application based on the purchase or a change of control interest of an existing Medi-Cal provider pharmacy in Los Angeles County, whether it constitutes a change of ownership or not. This exception is only available when the applicant has assumed or retained all debts, obligations, and liabilities to which the existing provider was subject prior to the transfer or sale and the Department confirms that an access to care issue exists.

3. Applications submitted pursuant to California Code of Regulations, Title 22, Section 51000.55, Requirements for Continued Enrollment.

4. Applications submitted pursuant to California Code of Regulations, Title 22, Section 51000.30(a), by an existing Medi-Cal enrolled pharmacy provider for the sole reason of changing its location, provided that its previous business address was located in Los Angeles County.

5. Applicants that are the exclusive persons or entities in the United States to provide a specific product or service that is a Medi-Cal covered benefit.

6. The enrollment of a County, State, or Federally owned and operated pharmacy.

7. Applications submitted pursuant to California Code of Regulations, Title 22, Section 51000.30(b)(6) with no change in the person(s) previously identified in the last complete application package that was approved for enrollment as having a control or ownership interest in the provider totaling five percent or greater.

8. Applicants who will be enrolled solely for reimbursement of Medicare cost sharing amounts.

9. Applications submitted by a provider to operate at the same business location as a Federally Qualified Health Clinic (FQHC). The pharmacy, in whole or in part, must be owned and operated by the same entity that owns the FQHC.

10. Applications submitted by an Academic Specialty Pharmacy. For purposes of this Moratorium, an Academic Specialty Pharmacy is defined as a specialty pharmacy that is owned or operated by a higher education institution that is currently a Medi-Cal pharmacy provider.

This action is necessary to safeguard public funds and to maintain the fiscal integrity of the Medi-Cal program.

Original Signed by Jennifer Kent

Jennifer Kent
Director
Department of Health Care Services
Health and Human Services Agency
State of California

APR 2 0 2018
Date

Attachment 3

State of California

BUSINESS AND PROFESSIONS CODE

Section 4231

4231. (a) The board shall not renew a pharmacist license unless the applicant submits proof satisfactory to the board that he or she has successfully completed 30 hours of approved courses of continuing pharmacy education during the two years preceding the application for renewal.

(b) Notwithstanding subdivision (a), the board shall not require completion of continuing education for the first renewal of a pharmacist license.

(c) If an applicant for renewal of a pharmacist license submits the renewal application and payment of the renewal fee but does not submit proof satisfactory to the board that the licensee has completed 30 hours of continuing pharmacy education, the board shall not renew the license and shall issue the applicant an inactive pharmacist license. A licensee with an inactive pharmacist license issued pursuant to this section may obtain an active pharmacist license by paying the renewal fees due and submitting satisfactory proof to the board that the licensee has completed 30 hours of continuing pharmacy education.

(d) If, as part of an investigation or audit conducted by the board, a pharmacist fails to provide documentation substantiating the completion of continuing education as required in subdivision (a), the board shall cancel the active pharmacist license and issue an inactive pharmacist license in its place. A licensee with an inactive pharmacist license issued pursuant to this section may obtain an active pharmacist license by paying the renewal fees due and submitting satisfactory proof to the board that the licensee has completed 30 hours of continuing pharmacy education.

(Amended by Stats. 2009, Ch. 308, Sec. 56. (SB 819) Effective January 1, 2010.)

§ 1732.5. Renewal Requirements for Pharmacists.

(a) Except as provided in Section 4234 of the Business and Professions Code and Section 1732.6 of this Division, each applicant for renewal of a pharmacist license shall submit proof satisfactory to the board, that the applicant has completed 30 hours of continuing education in the prior 24 months.

(b) At least two (2) of the thirty (30) hours required for pharmacist license renewal shall be completed by participation in a Board provided CE course in Law and Ethics. Pharmacists renewing their licenses which expire on or after July 1, 2019, shall be subject to the requirements of this subdivision.

(c) All pharmacists shall retain their certificates of completion for four (4) years following completion of a continuing education course.
Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4231 and 4232, Business and Professions Code.

Attachment 4

State of California

BUSINESS AND PROFESSIONS CODE

Section 4210

4210. (a) A person who seeks recognition as an advanced practice pharmacist shall meet all of the following requirements:

(1) Hold an active license to practice pharmacy issued pursuant to this chapter that is in good standing.

(2) Satisfy any two of the following criteria:

(A) Earn certification in a relevant area of practice, including, but not limited to, ambulatory care, critical care, geriatric pharmacy, nuclear pharmacy, nutrition support pharmacy, oncology pharmacy, pediatric pharmacy, pharmacotherapy, or psychiatric pharmacy, from an organization recognized by the Accreditation Council for Pharmacy Education or another entity recognized by the board.

(B) Complete a postgraduate residency through an accredited postgraduate institution where at least 50 percent of the experience includes the provision of direct patient care services with interdisciplinary teams.

(C) Have provided clinical services to patients for at least one year under a collaborative practice agreement or protocol with a physician, advanced practice pharmacist, pharmacist practicing collaborative drug therapy management, or health system.

(3) File an application with the board for recognition as an advanced practice pharmacist.

(4) Pay the applicable fee to the board.

(b) An advanced practice pharmacist recognition issued pursuant to this section shall be valid for two years, coterminous with the certificate holder's license to practice pharmacy.

(c) The board shall adopt regulations establishing the means of documenting completion of the requirements in this section.

(d) The board shall, by regulation, set the fee for the issuance and renewal of advanced practice pharmacist recognition at the reasonable cost of regulating advanced practice pharmacists pursuant to this chapter. The fee shall not exceed three hundred dollars ($300).

(Added by Stats. 2013, Ch. 469, Sec. 15. (SB 493) Effective January 1, 2014.)

State of California

BUSINESS AND PROFESSIONS CODE

Section 4231

4231. (a) The board shall not renew a pharmacist license unless the applicant submits proof satisfactory to the board that he or she has successfully completed 30 hours of approved courses of continuing pharmacy education during the two years preceding the application for renewal.

(b) Notwithstanding subdivision (a), the board shall not require completion of continuing education for the first renewal of a pharmacist license.

(c) If an applicant for renewal of a pharmacist license submits the renewal application and payment of the renewal fee but does not submit proof satisfactory to the board that the licensee has completed 30 hours of continuing pharmacy education, the board shall not renew the license and shall issue the applicant an inactive pharmacist license. A licensee with an inactive pharmacist license issued pursuant to this section may obtain an active pharmacist license by paying the renewal fees due and submitting satisfactory proof to the board that the licensee has completed 30 hours of continuing pharmacy education.

(d) If, as part of an investigation or audit conducted by the board, a pharmacist fails to provide documentation substantiating the completion of continuing education as required in subdivision (a), the board shall cancel the active pharmacist license and issue an inactive pharmacist license in its place. A licensee with an inactive pharmacist license issued pursuant to this section may obtain an active pharmacist license by paying the renewal fees due and submitting satisfactory proof to the board that the licensee has completed 30 hours of continuing pharmacy education.

(Amended by Stats. 2009, Ch. 308, Sec. 56. (SB 819) Effective January 1, 2010.)

State of California

BUSINESS AND PROFESSIONS CODE

Section 4233

4233. A pharmacist who is recognized as an advanced practice pharmacist shall complete 10 hours of continuing education each renewal cycle in addition to the requirements of Section 4231. The subject matter shall be in one or more areas of practice relevant to the pharmacist's clinical practice.

(Added by Stats. 2013, Ch. 469, Sec. 16. (SB 493) Effective January 1, 2014.)

§ 1702. Pharmacist Renewal Requirements.

(a) A pharmacist applicant for renewal who has not previously submitted fingerprints as a condition of licensure or for whom an electronic record of the licensee's fingerprints does not exist in the Department of Justice's criminal offender record identification database shall successfully complete a state and federal level criminal offender record information search conducted through the Department of Justice by the licensee's or registrant's renewal date.

(1) A pharmacists shall retain for at least three years as evidence of having complied with subdivision (a) either a receipt showing that he or she has electronically transmitted his or her fingerprint images to the Department of Justice or, for those who did not use an electronic fingerprinting system, a receipt evidencing that his or her fingerprints were recorded and submitted to the board.

(2) A pharmacist applicant for renewal shall pay the actual cost of compliance with subdivision (a).

(3) As a condition of petitioning the board for reinstatement of a revoked or surrendered license, or for restoration of a retired license, an applicant shall comply with subdivision (a).

(4) The board may waive the requirements of this section for licensees who are actively serving in the United States military. The board may not return a license to active status until the licensee has complied with subdivision (a).

(b) As a condition of renewal, a pharmacist applicant shall disclose on the renewal form whether he or she has been convicted, as defined in Section 490 of the Business and Professions Code, of any violation of the law in this or any other state, the United States, or other country, since his or her last renewal. Traffic infractions not involving alcohol, dangerous drugs, or controlled substances do not need to be disclosed.

(c) As a condition of renewal, a pharmacist applicant shall disclose on the renewal form any disciplinary action against any license issued to the applicant by a government agency. For the purposes of this section, “disciplinary action” means an adverse licensure or certification action that resulted in a restriction or penalty being placed on the license, such as revocation, suspension, probation or public reprimand or reproval.

(d) Failure to provide all of the information required by this section renders an application for renewal incomplete and the board shall not renew the license and shall issue the applicant an inactive pharmacist license. An inactive pharmacist license issued pursuant to this section may only be reactivated after compliance is confirmed for all licensure renewal requirements.

Note: Authority cited: Sections 4001.1 and 4005, Business and Professions Code. Reference: Sections 141, 490, 4036, 4200.5, 4207, 4300, 4301, 4301.5, 4311 and 4400, Business and Professions Code; and Sections 11105(b)(10) and 11105(e), Penal Code.

§ 1732.5. Renewal Requirements for Pharmacists.

(a) Except as provided in Section 4234 of the Business and Professions Code and Section 1732.6 of this Division, each applicant for renewal of a pharmacist license shall submit proof satisfactory to the board, that the applicant has completed 30 hours of continuing education in the prior 24 months.

(b) At least two (2) of the thirty (30) hours required for pharmacist license renewal shall be completed by participation in a Board provided CE course in Law and Ethics. Pharmacists renewing their licenses which expire on or after July 1, 2019, shall be subject to the requirements of this subdivision.

(c) All pharmacists shall retain their certificates of completion for four (4) years following completion of a continuing education course.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4231 and 4232, Business and Professions Code.

Attachment 5

State of California

BUSINESS AND PROFESSIONS CODE

Section 4400

4400. The amount of fees and penalties prescribed by this chapter, except as otherwise provided, is that fixed by the board according to the following schedule:

(a) The fee for a nongovernmental pharmacy license shall be five hundred twenty dollars ($520) and may be increased to five hundred seventy dollars ($570). The fee for the issuance of a temporary nongovernmental pharmacy permit shall be two hundred fifty dollars ($250) and may be increased to three hundred twenty-five dollars ($325).

(b) The fee for a nongovernmental pharmacy license annual renewal shall be six hundred sixty-five dollars ($665) and may be increased to nine hundred thirty dollars ($930).

(c) The fee for the pharmacist application and examination shall be two hundred sixty dollars ($260) and may be increased to two hundred eighty-five dollars ($285).

(d) The fee for regrading an examination shall be ninety dollars ($90) and may be increased to one hundred fifteen dollars ($115). If an error in grading is found and the applicant passes the examination, the regrading fee shall be refunded.

(e) The fee for a pharmacist license shall be one hundred ninety-five dollars ($195) and may be increased to two hundred fifteen dollars ($215). The fee for a pharmacist biennial renewal shall be three hundred sixty dollars ($360) and may be increased to five hundred five dollars ($505).

(f) The fee for a nongovernmental wholesaler or third-party logistics provider license and annual renewal shall be seven hundred eighty dollars ($780) and may be increased to eight hundred twenty dollars ($820). The application fee for any additional location after licensure of the first 20 locations shall be three hundred dollars ($300) and may be decreased to no less than two hundred twenty-five dollars ($225). A temporary license fee shall be seven hundred fifteen dollars ($715) and may be decreased to no less than five hundred fifty dollars ($550).

(g) The fee for a hypodermic license shall be one hundred seventy dollars ($170) and may be increased to two hundred forty dollars ($240). The fee for a hypodermic license renewal shall be two hundred dollars ($200) and may be increased to two hundred eighty dollars ($280).

(h) (1) The fee for application, investigation, and issuance of a license as a designated representative pursuant to Section 4053, as a designated representative-3PL pursuant to Section 4053.1, or as a designated representative-reverse distributor pursuant to Section 4053.2 shall be one hundred fifty dollars ($150) and may be increased to two hundred ten dollars ($210).

(2) The fee for the annual renewal of a license as a designated representative, designated representative-3PL, or designated representative-reverse distributor shall be two hundred fifteen dollars ($215) and may be increased to three hundred dollars ($300).

(i) (1) The fee for the application, investigation, and issuance of a license as a designated representative for a veterinary food-animal drug retailer pursuant to Section 4053 shall be one hundred fifty dollars ($150) and may be increased to two hundred ten dollars ($210).

(2) The fee for the annual renewal of a license as a designated representative for a veterinary food-animal drug retailer shall be two hundred fifteen dollars ($215) and may be increased to three hundred dollars ($300).

(j) (1) The application fee for a nonresident wholesaler or third-party logistics provider license issued pursuant to Section 4161 shall be seven hundred eighty dollars ($780) and may be increased to eight hundred twenty dollars ($820).

(2) For nonresident wholesalers or third-party logistics providers that have 21 or more facilities operating nationwide the application fees for the first 20 locations shall be seven hundred eighty dollars ($780) and may be increased to eight hundred twenty dollars ($820). The application fee for any additional location after licensure of the first 20 locations shall be three hundred dollars ($300) and may be decreased to no less than two hundred twenty-five dollars ($225). A temporary license fee shall be seven hundred fifteen dollars ($715) and may be decreased to no less than five hundred fifty dollars ($550).

(3) The annual renewal fee for a nonresident wholesaler license or third-party logistics provider license issued pursuant to Section 4161 shall be seven hundred eighty dollars ($780) and may be increased to eight hundred twenty dollars ($820).

(k) The fee for evaluation of continuing education courses for accreditation shall be set by the board at an amount not to exceed forty dollars ($40) per course hour.

(*l*) The fee for an intern pharmacist license shall be one hundred sixty-five dollars ($165) and may be increased to two hundred thirty dollars ($230). The fee for transfer of intern hours or verification of licensure to another state shall be twenty-five dollars ($25) and may be increased to thirty dollars ($30).

(m) The board may waive or refund the additional fee for the issuance of a license where the license is issued less than 45 days before the next regular renewal date.

(n) The fee for the reissuance of any license, or renewal thereof, that has been lost or destroyed or reissued due to a name change shall be thirty-five dollars ($35) and may be increased to forty-five dollars ($45).

(o) The fee for the reissuance of any license, or renewal thereof, that must be reissued because of a change in the information, shall be one hundred dollars ($100) and may be increased to one hundred thirty dollars ($130).

(p) It is the intent of the Legislature that, in setting fees pursuant to this section, the board shall seek to maintain a reserve in the Pharmacy Board Contingent Fund equal to approximately one year's operating expenditures.

(q) The fee for any applicant for a nongovernmental clinic license shall be five hundred twenty dollars ($520) for each license and may be increased to five hundred

Attachment 6

AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

ASHP / ACPE ACCREDITATION STANDARDS FOR PHARMACY TECHNICIAN EDUCATION AND TRAINING PROGRAMS

APPROVED:
June 2, 2018
June 23, 2018

PUBLISHED:
July 10, 2018

Pharmacy Technician Accreditation Commission (PTAC)

technicians, and others as deemed appropriate, is established and meets at least twice a year. The advisory committee has specific authority for approving:

8.1 the curriculum;

8.2 experiential training sites;

8.3 criteria for admission and dismissal;

8.4 criteria for successful completion of the program; and

8.5 the training program's strategic plan.

Standard 9: Curricular Length

Students are required to complete the number of hours for each component to graduate.

Key Elements for Entry-level

9.1 The training schedule consists of a minimum of 400 hours total, of health-related education and training, extending over a period of at least 8 weeks.

9.2 The period of training includes the following educational modalities: Didactic; Simulated; and Experiential.

9.3 The minimum number of hours for each component is as follows: Didactic – 120 hours; Simulated – 50 hours; Experiential – 130 hours (total of 300 hours); plus 100 additional hours, to obtain the minimum of 400 hours of training total. The additional 100 hours may be allocated to the three educational modalities listed above, based on the discretion of the program director and faculty.

9.4 Programs document their method of time calculation and the attribution of hours of academic instruction within all instructional components for the program.

Key Elements for Advanced-level

9.5 The training schedule consists of a minimum of 600 hours total, of health-related education and training, extending over a period of at least 15 weeks (at least 7 additional weeks beyond Entry-level requirements).

9.6 The minimum number of hours for each component is as follows: Didactic – 160 hours (40 additional hours beyond Entry-level requirements); Simulated – 100 hours (50 additional hours beyond Entry-level requirements); and Experiential – 200 hours (70 additional hours beyond Entry-level requirements); plus 140 additional hours beyond Entry-level requirements, to equal a minimum of 600 hours training total. The

State of California

BUSINESS AND PROFESSIONS CODE

Section 4115.5

4115.5. (a) Notwithstanding any other provision of law, a pharmacy technician trainee may be placed in a pharmacy to complete an externship for the purpose of obtaining practical training required to become licensed as a pharmacy technician.

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

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

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

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

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

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

(2) When an externship in which a pharmacy technician trainee is participating as described in subdivision (a) involves rotation between a community and hospital pharmacy for the purpose of training the student in distinct practice settings, the externship may be for a period of up to 320 hours. No more than 120 of the 320 hours may be completed in a community pharmacy setting or in a single department in a hospital pharmacy.

(d) An externship in which a pharmacy technician trainee may participate as described in subdivision (a) shall be for a period of no more than six consecutive months in a community pharmacy and for a total of no more than 12 months if the externship involves rotation between a community and hospital pharmacy. The

externship shall be completed while the trainee is enrolled in a course of instruction at the institution.

(e) A pharmacy technician trainee participating in an externship as described in subdivision (a) shall wear identification that indicates his or her trainee status.

(Amended by Stats. 2005, Ch. 621, Sec. 54. Effective January 1, 2006.)

State of California

BUSINESS AND PROFESSIONS CODE

Section 4202

4202. (a) The board may issue a pharmacy technician license to an individual if he or she is a high school graduate or possesses a general educational development certificate equivalent, and meets any one of the following requirements:

(1) Has obtained an associate's degree in pharmacy technology.

(2) Has completed a course of training specified by the board.

(3) Has graduated from a school of pharmacy recognized by the board.

(4) Is certified by a pharmacy technician certifying organization offering a pharmacy technician certification program accredited by the National Commission for Certifying Agencies that is approved by the board.

(b) The board shall adopt regulations pursuant to this section for the licensure of pharmacy technicians and for the specification of training courses as set out in paragraph (2) of subdivision (a). Proof of the qualifications of any applicant for licensure as a pharmacy technician shall be made to the satisfaction of the board and shall be substantiated by any evidence required by the board.

(c) The board shall conduct a criminal background check of the applicant to determine if an applicant has committed acts that would constitute grounds for denial of licensure, pursuant to this chapter or Chapter 2 (commencing with Section 480) of Division 1.5.

(d) The board may suspend or revoke a license issued pursuant to this section on any ground specified in Section 4301.

(e) Once an individual is licensed as a pharmacist, the pharmacy technician registration is no longer valid and the pharmacy technician license shall be returned to the board within 15 days.

(Amended by Stats. 2016, Ch. 150, Sec. 1. (SB 952) Effective January 1, 2017.)

§ 1793.6. Training Courses Specified by the Board.

A course of training that meets the requirements of Business and Professions Code section 4202(a)(2) is:

(a) Any pharmacy technician training program accredited by the American Society of Health-System Pharmacists,

(b) Any pharmacy technician training program provided by a branch of the federal armed services for which the applicant possesses a certificate of completion, or

(c) Any other course that provides a training period of at least 240 hours of instruction covering at least the following:

(1) Knowledge and understanding of different pharmacy practice settings.

(2) Knowledge and understanding of the duties and responsibilities of a pharmacy technician in relationship to other pharmacy personnel and knowledge of standards and ethics, laws and regulations governing the practice of pharmacy.

(3) Knowledge and ability to identify and employ pharmaceutical and medical terms, abbreviations and symbols commonly used in prescribing, dispensing and record keeping of medications.

(4) Knowledge of and the ability to carry out calculations required for common dosage determination, employing both the metric and apothecary systems.

(5) Knowledge and understanding of the identification of drugs, drug dosages, routes of administration, dosage forms and storage requirements.

(6) Knowledge of and ability to perform the manipulative and record-keeping functions involved in and related to dispensing prescriptions.

(7) Knowledge of and ability to perform procedures and techniques relating to manufacturing, packaging, and labeling of drug products.

Note: Authority cited: Sections 4005, 4007, 4038, 4115 and 4202, Business and Professions Code. Reference: Sections 4005, 4007, 4038, 4115 and 4202, Business and Professions Code.

Attachment 7

Medication and Counseling Treatment

samhsa.gov/medication-assisted-treatment/treatment

Medication-Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. Learn about many of the substance use disorders that MAT is designed to address.

MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates. The prescribed medication operates to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative effects of the abused drug. Medications used in MAT are approved by the Food and Drug Administration (FDA), and MAT programs are clinically driven and tailored to meet each patient’s needs. Combining medications used in MAT with anxiety treatment medications can be fatal. Types of anxiety treatment medications include derivatives of Benzodiazepine, such as Xanax or valium.

Opioid Treatment Programs (OTPs)

Opioid treatment programs (OTPs) provide MAT for individuals diagnosed with an opioid use disorder. OTPs also provide a range of services to reduce, eliminate, or prevent the use of illicit drugs, potential criminal activity, and/or the spread of infectious disease. OTPs focus on improving the quality of life of those receiving treatment.

OTPs must be accredited by a SAMHSA-approved accrediting body and certified by SAMHSA. The Division of Pharmacologic Therapies (DPT), part of the SAMHSA Center for Substance Abuse Treatment (CSAT), oversees accreditation standards and certification processes for OTPs. Learn more about the certification of OTPs and SAMHSA’s oversight of OTP Accreditation Bodies.

Federal law requires patients who receive treatment in an OTP to receive medical, counseling, vocational, educational, and other assessment and treatment services, in addition to prescribed medication. The law allows MAT professionals to provide treatment and services in a range of settings, including hospitals, correctional facilities, offices, and remote clinics. Learn more about the legislation, regulations, and guidelines that govern OTPs.

As of 2015, OTPs were located in every U.S. state except North Dakota and Wyoming. The District of Columbia and the territories of Puerto Rico and the Virgin Islands also had OTPs in operation.

Counseling and Behavioral Therapies

Under federal law, MAT patients must receive counseling, which could include different forms of behavioral therapy. These services are required along with medical, vocational, educational, and other assessment and treatment services. Learn more about these treatments for substance use disorders.

MAT Effectiveness

In 2013, an estimated 1.8 million people had an opioid use disorder related to prescription pain relievers, and about 517,000 had an opioid use disorder related to heroin use. MAT has proved to be clinically effective and to significantly reduce the need for inpatient detoxification services for these individuals. MAT provides a more comprehensive, individually tailored program of medication and behavioral therapy. MAT also includes support services that address the needs of most patients.

The ultimate goal of MAT is full recovery, including the ability to live a self-directed life. This treatment approach has been shown to:

- Improve patient survival
- Increase retention in treatment
- Decrease illicit opiate use and other criminal activity among people with substance use disorders
- Increase patients' ability to gain and maintain employment
- Improve birth outcomes among women who have substance use disorders and are pregnant

Research also shows that these medications and therapies can contribute to lowering a person's risk of contracting HIV or hepatitis C by reducing the potential for relapse. Learn more about substance misuse and how it relates to HIV, AIDS, and Viral Hepatitis. Learn more about common comorbidities that occur with substance use disorders.

Unfortunately, MAT is greatly underused. For instance, according to SAMHSA's Treatment Episode Data Set (TEDS) 2002-2010, the proportion of heroin admissions with treatment plans that included receiving medication-assisted opioid therapy fell from 35% in 2002 to 28% in 2010. The slow adoption of these evidence-based treatment options for alcohol and opioid dependence is partly due to misconceptions about substituting one drug for another. Discrimination against MAT patients is also a factor, despite state and federal laws clearly prohibiting it. Other factors include lack of training for physicians and negative opinions toward MAT in communities and among health care professionals.

MAT and Patient Rights

SAMHSA's Partners for Recovery Initiative produced a brochure designed to assist MAT patients and to educate and inform others. This Medication-Assisted Treatment Know Your Rights Brochure – 2009 presents and explains the federal laws that prohibit discrimination against individuals with disabilities and how they protect people receiving MAT for opioid addiction.

Under the Confidentiality Regulation, 42 Code of Federal Regulations (CFR) 2, personally identifiable health information relating to substance use and alcohol treatment must be handled with a higher degree of confidentiality than other medical information.

Medications Used in MAT

FDA has approved several different medications to treat opioid addiction and alcohol dependence.

A common misconception associated with MAT is that it substitutes one drug for another. Instead, these medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. MAT programs provide a safe and controlled level of medication to overcome the use of an abused opioid. And research has shown that when provided at the proper dose, medications used in MAT have no adverse effects on a person's intelligence, mental capability, physical functioning, or employability.

Medications used in MAT for opioid treatment can only be dispensed through a SAMHSA-certified OTP. Some of the medications used in MAT are controlled substances due to their potential for misuse. Drugs, substances, and certain chemicals used to make drugs are classified by the Drug Enforcement Administration (DEA) into five distinct categories, or schedules, depending upon a drug's acceptable medical use and potential for misuse. Learn more about DEA drug schedules.

Opioid Dependency Medications

Methadone, buprenorphine, and naltrexone are used to treat opioid dependence and addiction to short-acting opioids such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone. People may safely take medications used in MAT for months, years, several years, or even a lifetime. Plans to stop a medication must always be discussed with a doctor.

Methadone

Methadone tricks the brain into thinking it's still getting the abused drug. In fact, the person is not getting high from it and feels normal, so withdrawal doesn't occur. Learn more about methadone.

Pregnant or breastfeeding women must inform their treatment provider before taking methadone. It is the only drug used in MAT approved for women who are pregnant or breastfeeding. Learn more about pregnant or breastfeeding women and methadone.

Buprenorphine

Like methadone, buprenorphine suppresses and reduces cravings for the abused drug. It can come in a pill form or sublingual tablet that is placed under the tongue. Learn more about buprenorphine.

Naltrexone

Naltrexone works differently than methadone and buprenorphine in the treatment of opioid dependency. If a person using naltrexone relapses and uses the abused drug, naltrexone blocks the euphoric and sedative effects of the abused drug and prevents feelings of euphoria. Learn more about naltrexone.

Opioid Overdose Prevention Medication

FDA approved naloxone, an injectable drug used to prevent an opioid overdose. According to the World Health Organization (WHO), naloxone is one of a number of medications considered essential to a functioning health care system (link is external).

Alcohol Use Disorder Medications

Disulfiram, acamprosate, and naltrexone are the most common drugs used to treat alcohol use disorder. None of these drugs provide a cure for the disorder, but they are most effective in people who participate in a MAT program. Learn more about the impact of alcohol misuse.

Disulfiram

Disulfiram is a medication that treats chronic alcoholism. It is most effective in people who have already gone through detoxification or are in the initial stage of abstinence. This drug is offered in a tablet form and is taken once a day. Disulfiram should never be taken while intoxicated and it should not be taken for at least 12 hours after drinking alcohol. Unpleasant side effects (nausea, headache, vomiting, chest pains, difficulty breathing) can occur as soon as ten minutes after drinking even a small amount of alcohol and can last for an hour or more.

Acamprosate

Acamprosate is a medication for people in recovery who have already stopped drinking alcohol and want to avoid drinking. It works to prevent people from drinking alcohol, but it does not prevent withdrawal symptoms after people drink alcohol. It has not been shown to work in people who continue drinking alcohol, consume illicit drugs, and/or engage in prescription drug misuse and abuse. The use of acamprosate typically begins on the fifth day of abstinence, reaching full effectiveness in five to eight days. It is offered in tablet form and taken three times a day, preferably at the same time every day. The medication's side effects may include diarrhea, upset stomach, appetite loss, anxiety, dizziness, and difficulty sleeping.

Naltrexone

When used as a treatment for alcohol dependency, naltrexone blocks the euphoric effects and

feelings of intoxication. This allows people with alcohol addiction to reduce their drinking behaviors enough to remain motivated to stay in treatment, avoid relapses, and take medications. Learn more about how naltrexone is used to treat alcohol dependency.

Access Medication for the Treatment of Alcohol Use Disorder: A Brief Guide – 2015 to learn more about MAT for alcohol use disorder.

MAT Medications and Child Safety

It's important to remember that if medications are allowed to be kept at home, they must be locked in a safe place away from children. Methadone in its liquid form is colored and is sometimes mistaken for a soft drink. Children who take medications used in MAT may overdose and die.

Find Treatment

Additional Resources

Access information about SAMHSA's federal partners, associations, and other support organizations that offer MAT-related resources for consumers and substance use treatment professionals.

Attachment 8

CALIFORNIA STATE BOARD OF PHARMACY

STRATEGIC PLAN

2017-2021

GOAL

1

LICENSING

The board promotes licensing standards to protect consumers and allow reasonable access to the profession.

1.1 Research and identify issues that result from unlicensed vendors in the marketplace to proactively maintain patient safety and health.

1.2 Implement online application, license renewal, and fee payment for applicants and licensees to improve licensing conveniences.

1.3 Complete a comprehensive review of at least five licensure categories and update requirements to ensure relevancy and keep licensing requirements current with professional practices.

1.4 Explore, and possibly implement, opportunities to use contracted organizations to administer the board's California Practice Standards and Jurisprudence Examination to increase access to the examination.

1.5 Improve the application process for new licensees, including providing informational resources directed toward applicants to offer more guidance about the application process.

1.6 Establish requirements to form a licensing process for alternate work sites and vendors in the pharmacy marketplace to advance patient safety and health.

1.7 Identify opportunities to expand electronic interfaces with licensees to allow for online application and renewal.

Attachment 9

Board of Pharmacy Licensing Statistics - Fiscal Year 2018/19

APPLICATIONS

Received	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Designated Representatives (EXC)	31	29											60
Designated Representatives Vet (EXV)	0	3											3
Designated Representatives-3PL (DRL)	4	5											9
Designated Representatives-Paramedic (DPM)	0	0											0
Designated Representatives-Reverse Distributor (DRR)	0	0											0
Intern Pharmacist (INT)	152	1038											1190
*Pharmacist (exam applications)	193	171											364
Pharmacist (initial licensing applications)	34	179											213
Advanced Practice Pharmacist (APH)	25	20											45
Pharmacy Technician (TCH)	504	522											1026
	* total includes retake exam applications												
Centralized Hospital Packaging (CHP)	0	0											0
Centralized Hospital Packaging Exempt (CHE)	0	0											0
Clinics (CLN)	120	6											126
Clinics Exempt (CLE)	0	14											14
Drug Room (DRM)	0	0											0
Drug Room -Temp	0	0											0
Drug Room Exempt (DRE)	0	0											0
Emergency Medical Services Automated Drug Delivery System	0	0											0
Hospitals (HSP)	3	2											5
Hospitals - Temp	0	0											0
Hospitals Exempt (HPE)	0	1											1
Hospital Satellite Sterile Compounding (SCP)	0	0											0
Hospital Satellite Sterile Compounding - Temp	0	0											0
Hospital Satellite Sterile Compounding Exempt (SCE)	0	0											0
Hypodermic Needle and Syringes (HYP)	2	2											4
Hypodermic Needle and Syringes Exempt (HYE)	0	0											0
Correctional Pharmacy (LCF)	0	0											0
Outsourcing Facility (OSF)	0	1											1
Outsourcing Facility - Temp	0	0											0
Outsourcing Facility Nonresident (NSF)	0	1											1
Outsourcing Facility Nonresident - Temp	0	0											0
Pharmacy (PHY)	36	27											63
Pharmacy - Temp	583	10											593
Pharmacy Exempt (PHE)	0	1											1
Pharmacy Nonresident (NRP)	8	15											23
Pharmacy Nonresident Temp	3	16											19
Sterile Compounding (LSC)	10	5											15
Sterile Compounding - Temp	4	0											4
Sterile Compounding Exempt (LSE)	0	0											0
Sterile Compounding Nonresident (NSC)	2	1											3
Sterile Compounding Nonresident Temp	1	0											1
Surplus Medication Collection Distribution Intermediary (SME)	0	0											0
Third-Party Logistics Providers (TPL)	3	0											3
Third-Party Logistics Providers - Temp	3	0											3
Third-Party Logistics Providers Nonresident (NPL)	1	0											1
Third-Party Logistics Providers Nonresident Temp	1	0											1
Veterinary Food-Animal Drug Retailer (VET)	1	1											2
Veterinary Food-Animal Drug Retailer - Temp	0	1											1
Wholesalers (WLS)	8	4											12
Wholesalers - Temp	1	3											4
Wholesalers Exempt (WLE)	0	0											0
Wholesalers Nonresident (OSD)	5	11											16
Wholesalers Nonresident - Temp	4	2											6
Total	1742	2091	0	0	0	0	0	0	0	0	0	0	3833

APPLICATIONS (continued)

Issued	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Designated Representatives (EXC)	44	18											62
Designated Representatives Vet (EXV)	0	0											0
Designated Representatives-3PL (DRL)	8	6											14
Designated Representatives-Paramedic (DPM)	0	0											0
Designated Representatives-Reverse Distributor (DRR)	0	0											0
Intern Pharmacist (INT)	75	623											698
Pharmacist (initial licensing applications)	42	183											225
Advanced Practice Pharmacist (APH)	21	17											38
Pharmacy Technician (TCH)	506	570											1076
Centralized Hospital Packaging (CHP)	0	0											0
Centralized Hospital Packaging Exempt (CHE)	0	0											0
Clinics (CLN)	2	7											9
Clinics Exempt (CLE)	0	0											0
Drug Room (DRM)	0	0											0
Drug Room-Temp	0	0											0
Drug Room Exempt (DRE)	0	1											1
Emergency Medical Services Automated Drug Delivery System	0	0											0
Hospitals (HSP)	1	0											1
Hospitals - Temp	1	1											2
Hospitals Exempt (HPE)	0	0											0
Hospital Satellite Sterile Compounding (SCP)	0	0											0
Hospital Satellite Sterile Compounding - Temp	0	0											0
Hospital Satellite Sterile Compounding Exempt (SCE)	0	0											0
Hypodermic Needle and Syringes (HYP)	0	8											8
Hypodermic Needle and Syringes Exempt (HYE)	0	0											0
Correctional Pharmacy (LCF)	0	0											0
Outsourcing Facility (OSF)	0	0											0
Outsourcing Facility - Temp	0	0											0
Outsourcing Facility Nonresident (NSF)	1	1											2
Outsourcing Facility Nonresident - Temp	0	0											0
Pharmacy (PHY)	8	5											13
Pharmacy - Temp	6	11											17
Pharmacy Exempt (PHE)	0	0											0
Pharmacy Nonresident (NRP)	1	0											1
Pharmacy Nonresident Temp	3	3											6
Sterile Compounding (LSC)	4	3											7
Sterile Compounding - Temp	0	3											3
Sterile Compounding Exempt (LSE)	0	0											0
Sterile Compounding Nonresident (NSC)	1	0											1
Sterile Compounding Nonresident Temp	1	1											2
Surplus Medication Collection Distribution Intermediary (SME)	0	0											0
Third-Party Logistics Providers (TPL)	0	0											0
Third-Party Logistics Providers-Temp	0	2											2
Third-Party Logistics Providers Nonresident (NPL)	0	1											1
Third-Party Logistics Providers Nonresident Temp	0	1											1
Veterinary Food-Animal Drug Retailer (VET)	0	0											0
Veterinary Food-Animal Drug Retailer - Temp	0	0											0
Wholesalers (WLS)	0	5											5
Wholesalers - Temp	2	3											5
Wholesalers Exempt (WLE)	0	0											0
Wholesalers Nonresident (OSD)	2	2											4
Wholesalers Nonresident - Temp	5	2											7
Total	734	1477	0	0	0	0	0	0	0	0	0	0	2211

Board of Pharmacy Licensing Statistics - Fiscal Year 2018/19

APPLICATIONS (continued)

Pending	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Designated Representatives (EXC)	293	298										
Designated Representatives Vet (EXV)	0	3										
Designated Representatives-3PL (DRL)	93	91										
Designated Representatives-Paramedic (DPM)	0	0										
Designated Representatives-Reverse Distributor (DRR)	0	0										
Intern Pharmacist (INT)	296	420										
Pharmacist (exam applications)	1122	1034										
Pharmacist (eligible exam(Status A))	2698	2654										
Advanced Practice Pharmacist (APH)	178	177										
Pharmacy Technician (TCH)	1150	1095										
Centralized Hospital Packaging (CHP)	2	2										
Centralized Hospital Packaging Exempt (CHE)	0	0										
Clinics (CLN)	188	194										
Clinics Exempt (CLE)	8	22										
Emergency Medical Services Automated Drug Delivery System	0	0										
Drug Room (DRM)	0	0										
Drug Room Exempt (DRE)	1	0										
Hospitals (HSP)	10	7										
Hospitals Exempt (HPE)	0	1										
Hospital Satellite Sterile Compounding (SCP)	5	6										
Hospital Satellite Sterile Compounding Exempt (SCE)	0	0										
Hypodermic Needle and Syringes (HYP)	25	19										
Hypodermic Needle and Syringes Exempt (HYE)	0	0										
Correctional Pharmacy (LCF)	1	1										
Outsourcing Facility (OSF)	3	4										
Outsourcing Facility Nonresident (NSF)	11	11										
Pharmacy (PHY)	713	152										
Pharmacy Exempt (PHE)	3	4										
Pharmacy Nonresident (NRP)	95	106										
Sterile Compounding (LSC)	77	64										
Sterile Compounding - Exempt (LSE)	7	6										
Sterile Compounding Nonresident (NSC)	21	21										
Surplus Medication Collection Distribution Intermediary (SME)	0	0										
Third-Party Logistics Providers (TPL)	12	9										
Third-Party Logistics Providers Nonresident (NPL)	50	48										
Veterinary Food-Animal Drug Retailer (VET)	1	1										
Wholesalers (WLS)	51	44										
Wholesalers Exempt (WLE)	1	1										
Wholesalers Nonresident (OSD)	113	120										
Total	7228	6615	0	0	0	0	0	0	0	0	0	0

The number of temporary applications are included in the primary license type.

Board of Pharmacy Licensing Statistics - Fiscal Year 2018/19

APPLICATIONS (continued)

Withdrawn	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Designated Representatives (EXC)	21	4											25
Designated Representatives Vet (EXV)	1	0											1
Designated Representatives-3PL (DRL)	3	0											3
Designated Representatives-Paramedic (DPM)	0	0											0
Designated Representatives-Reverse Distributor (DRR)	0	0											0
Intern Pharmacist (INT)	0	1											1
Pharmacist (exam applications)	2	0											2
Advanced Practice Pharmacist (APH)	0	0											0
Pharmacy Technician (TCH)	1	6											7
Centralized Hospital Packaging (CHP)	0	0											0
Centralized Hospital Packaging Exempt (CHE)	0	0											0
Clinics (CLN)	1	1											2
Clinics Exempt (CLE)	0	0											0
Drug Room (DRM)	0	0											0
Drug Room Exempt (DRE)	0	0											0
Emergency Medical Services Automated Drug Delivery System	0	0											0
Hospitals (HSP)	0	0											0
Hospitals Exempt (HPE)	0	0											0
Hospital Satellite Sterile Compounding (SCP)	0	0											0
Hospital Satellite Sterile Compounding Exempt (SCE)	0	0											0
Hypodermic Needle and Syringes (HYP)	1	0											1
Hypodermic Needle and Syringes Exempt (HYE)	0	0											0
Correctional Pharmacy (LCF)	0	0											0
Outsourcing Facility (OSF)	0	0											0
Outsourcing Facility Nonresident (NSF)	0	1											1
Pharmacy (PHY)	1	566											567
Pharmacy Exempt (PHE)	0	0											0
Pharmacy Nonresident (NRP)	0	1											1
Sterile Compounding (LSC)	0	1											1
Sterile Compounding Exempt (LSE)	0	1											1
Sterile Compounding Nonresident (NSC)	1	0											1
Surplus Medication Collection Distribution Intermediary (SME)	0	0											0
Third-Party Logistics Providers (TPL)	0	1											1
Third-Party Logistics Providers Nonresident (NPL)	0	0											0
Veterinary Food-Animal Drug Retailer (VET)	0	0											0
Wholesalers (WLS)	0	0											0
Wholesalers Exempt (WLE)	0	0											0
Wholesalers Nonresident (OSD)	2	0											2
Total	34	583	0	0	0	0	0	0	0	0	0	0	617

FY 18/19 There were 564 Pharmacy applications withdrawn as a result of a large chain purchase being cancelled. The number of temporary applications withdrawn is reflected in the primary license type.

Board of Pharmacy Licensing Statistics - Fiscal Year 2018/19

APPLICATIONS (continued)

Denied	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Designated Representatives (EXC)	0	0											0
Designated Representatives Vet (EXV)	0	0											0
Designated Representatives-3PL (DRL)	0	0											0
Designated Representatives-Paramedic (DPM)	0	0											0
Designated Representatives-Reverse Distributor (DRR)	0	0											0
Intern Pharmacist (INT)	0	1											1
Pharmacist (exam applications)	0	0											0
Pharmacist (eligible)	0	0											0
Advanced Practice Pharmacist (APH)	0	0											0
Pharmacy Technician (TCH)	3	3											6
Centralized Hospital Packaging (CHP)	0	0											0
Centralized Hospital Packaging Exempt (CHE)	0	0											0
Clinics (CLN)	1	0											1
Clinics Exempt (CLE)	0	0											0
Drug Room (DRM)	0	0											0
Drug Room Exempt (DRE)	0	0											0
Emergency Medical Services Automated Drug Delivery System	0	0											0
Hospitals (HSP)	0	0											0
Hospitals Exempt (HPE)	0	0											0
Hospital Satellite Sterile Compounding (SCP)	0	0											0
Hospital Satellite Sterile Compounding Exempt (SCE)	0	0											0
Hypodermic Needle and Syringes (HYP)	0	0											0
Hypodermic Needle and Syringes Exempt (HYE)	0	0											0
Correctional Pharmacy (LCF)	0	0											0
Outsourcing Facility (OSF)	0	0											0
Outsourcing Facility Nonresident (NSF)	0	0											0
Pharmacy (PHY)	0	2											2
Pharmacy Exempt (PHE)	0	0											0
Pharmacy Nonresident (NRP)	0	0											0
Sterile Compounding (LSC)	0	0											0
Sterile Compounding Exempt (LSE)	0	0											0
Sterile Compounding Nonresident (NSC)	0	0											0
Surplus Medication Collection Distribution Intermediary (SME)	0	0											0
Third-Party Logistics Providers (TPL)	0	0											0
Third-Party Logistics Providers Nonresident (NPL)	0	0											0
Veterinary Food-Animal Drug Retailer (VET)	0	0											0
Wholesalers (WLS)	0	0											0
Wholesalers Exempt (WLE)	0	0											0
Wholesalers Nonresident (OSD)	1	0											1
Total	5	6	0	0	0	0	0	0	0	0	0	0	11

Board of Pharmacy Licensing Statistics - Fiscal Year 2018/19

RESPOND TO STATUS REQUESTS

A. **Email Inquiries**	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Designated Representative Received	867	637											1504
Designated Representative Responded	984	215											1199
Pharmacist/Intern Received	314	158											472
Pharmacist/Intern Responded	49	44											93
Pharmacy Technician Received	421	466											887
Pharmacy Technician Responded	454	294											748
Pharmacy Received	510	537											1047
Pharmacy Responded	519	560											1079
Sterile Compounding/Outsourcing Received	514	638											1152
Sterile Compounding/Outsourcing Responded	205	398											603
Wholesale/Clinic/Hypodermic/3PL Received	321	319											640
Wholesale/Clinic/Hypodermic/3PL Responded	256	289											545
Pharmacist-in-Charge Received	142	180											322
Pharmacist-in-Charge Responded	99	133											232
Change of Permit Received	343	530											873
Change of Permit Responded	352	424											776
Renewals Received	516	580											1096
Renewals Responded	418	466											884

B. **Telephone Calls Received**	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Designated Represenative	5	2											7
Pharmacist/Intern	7	6											13
Pharmacy	90	66											156
Sterile Compounding/Outsourcing	13	12											25
Wholesale/Clinic/Hypodermic/3PL *	44	38											82
Pharmacist-in-Charge	4	78											82
Change of Permit	88	38											126
Renewals	602	641											1243

Board of Pharmacy Licensing Statistics - Fiscal Year 2018/19

UPDATE LICENSING RECORDS

A. Change of Pharmacist-in-Charge	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Received	198	188											386
Processed	124	375											499
Approved	122	347											469
Pending	515	337											337

B. Change of Desig. Representative-in-Charge	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Received	14	7											21
Processed	4	29											33
Approved	3	21											24
Pending	60	46											46

C. Change of Responsible Manager	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Received	2	0											2
Processed	3	5											8
Approved	3	9											12
Pending	11	2											2

D. Change of Permits	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Received	118	100											218
Processed	107	148											255
Approved	103	182											285
Pending	953	873											873

E. Automated Drug Delivery Systems	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Received	61	36											97
Processed	0	0											0
Approved	0	0											0
Pending	94	134											134

F. Clinic Co-Location	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Received	0	0											0
Processed	0	1											1
Approved	0	1											1
Pending	1	0											0

G. Discontinuance of Business	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Received	37	47											84
Processed	72	20											92
Approved	42	30											72
Pending	179	198											198

H. Requests Approved	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Address/Name Changes	1127	1310											2437
Off-site Storage	26	0											26
Transfer of Intern Hours	4	2											6
License Verification	187	223											410

Board of Pharmacy Licensing Statistics - Fiscal Year 2018/19

Licenses Renewed

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Designated Representatives (EXC)	217	245											462
Designated Representatives Vet (EXV)	9	4											13
Designated Representatives-3PL (DRL)	15	27											42
Designated Representatives-Paramedic (DPM)	0	0											0
Designated Representatives-Reverse Distributor (DRR)	0	0											0
Pharmacist (RPH)	1534	2091											3,625
Advanced Practice Pharmacist (APH)	9	14											23
Pharmacy Technician (TCH)	2442	3102											5,544
Centralized Hospital Packaging (CHP)	3	0											3
Centralized Hospital Packaging Exempt (CHE)	1	0											1
Clinics (CLN)	73	87											160
Clinics Exempt (CLE)	2	0											2
Drug Room (DRM)	2	0											2
Drug Room Exempt (DRE)	0	0											0
Emergency Medical Services Automated Drug Delivery System	0	0											0
Hospitals (HSP)	16	18											34
Hospitals Exempt (HPE)	16	2											18
Hospital Satellite Sterile Compounding (SCP)	0	0											0
Hospital Satellite Sterile Compounding Exempt (SCE)	0	0											0
Hypodermic Needle and Syringes (HYP)	12	22											34
Hypodermic Needle and Syringes Exempt (HYE)	0	0											0
Correctional Pharmacy (LCF)	0	1											1
Outsourcing Facility (OSF)	1	3											4
Outsourcing Facility Nonresident (NSF)	0	0											0
Pharmacy (PHY)	232	377											609
Pharmacy Exempt (PHE)	3	0											3
Pharmacy Nonresident (NRP)	24	35											59
Sterile Compounding (LSC)	55	42											97
Sterile Compounding Exempt (LSE)	28	8											36
Sterile Compounding Nonresident (NSC)	4	1											5
Surplus Medication Collection Distribution Intermediary (SME)	0	0											0
Third-Party Logistics Providers (TPL)	1	1											2
Third-Party Logistics Providers Nonresident (NPL)	1	0											1
Veterinary Food-Animal Drug Retailer (VET)	1	1											2
Wholesalers (WLS)	22	63											85
Wholesalers Exempt (WLE)	0	0											0
Wholesalers Nonresident (OSD)	54	51											105
Total	4777	6195	0	0	0	0	0	0	0	0	0	0	10972

Board of Pharmacy Licensing Statistics - Fiscal Year 2018/19

Current Licensees

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Designated Representatives (EXC)	3017	2997											
Designated Representatives Vet (EXV)	68	67											
Designated Representatives-3PL (DRL)	291	291											
Designated Representatives-Paramedic (DPM)	0	0											
Designated Representatives-Reverse Distributor (DRR)	0	0											
Intern Pharmacist (INT)	6854	7248											
Pharmacist (RPH)	45967	46049											
Advanced Practice Pharmacist (APH)	355	372											
Pharmacy Technician (TCH)	71473	71432											
Centralized Hospital Packaging (CHP)	8	8											
Centralized Hospital Packaging Exempt (CHE)	2	2											
Clinics (CLN)	1108	1114											
Clinics Exempt (CLE)	242	241											
Drug Room (DRM)	23	23											
Drug Room Exempt (DRE)	9	10											
Emergency Medical Services Automated Drug Delivery System	0	0											
Hospitals (HSP)	385	383											
Hospitals Exempt (HPE)	84	84											
Hospital Satellite Sterile Compounding (SCP)	0	0											
Hospital Satellite Sterile Compounding Exempt (SCE)	0	0											
Hypodermic Needle and Syringes (HYP)	293	301											
Hypodermic Needle and Syringes Exempt (HYE)	0	0											
Correctional Pharmacy (LCF)	58	58											
Outsourcing Facility (OSF)	2	2											
Outsourcing Facility Nonresident (NSF)	19	20											
Pharmacy (PHY)	6500	6488											
Pharmacy Exempt (PHE)	126	126											
Pharmacy Nonresident (NRP)	546	544											
Sterile Compounding (LSC)	755	759											
Sterile Compounding Exempt (LSE)	117	116											
Sterile Compounding Nonresident (NSC)	76	76											
Surplus Medication Collection Distribution Intermediary (SME)	1	1											
Third-Party Logistics Providers (TPL)	23	23											
Third-Party Logistics Providers Nonresident (NPL)	65	64											
Veterinary Food-Animal Drug Retailer (VET)	20	20											
Wholesalers (WLS)	538	538											
Wholesalers Exempt (WLE)	16	16											
Wholesalers Nonresident (OSD)	750	748											
Total	139791	140221	0	0	0	0	0	0	0	0	0	0	0