



California State Board of Pharmacy
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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



LICENSING COMMITTEE REPORT

October 18, 2023

Seung Oh, Licensee Member, Chairperson
Jignesh Patel, Licensee Member, Vice-Chairperson
Renee Barker, Licensee Member
Trevor Chandler, Public Member
Jessica Crowley, Licensee Member
Jason Weisz, Public Member

I. Call to Order and Establishment of Quorum

II. 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).)

III. Approval of the July 19, 2023, Licensing Committee Meeting Minutes

Attachment 1 includes the draft minutes from the July 19, 2023, meetings.

IV. Discussion and Consideration of Provisions for Remote Processing

Relevant Law

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

Background

As part of the Board's response to the COVID-19 public health emergency and the initial need for social distancing, a "[Remote Processing Waiver](#)" was approved by the Board. This waiver expired on May 28, 2023. Under the provisions of the waiver, legal authorization for remote processing was expanded to allow for greater flexibility under pandemic conditions. "Remote Processing" is defined to mean the entering of an order or prescription into a

computer from outside of the pharmacy or hospital for a licensed pharmacy. The Waiver allowed that, in addition to the provisions of BPC section 4071.1, pharmacists performing remote processing may also receive, interpret, evaluate, clarify, and approve medication orders and prescriptions, including medication orders and prescriptions for controlled substances classified in Schedule II, III, IV or V. Under the Waiver, remote processing included order entry, other data entry, performing prospective drug utilization review, interpreting clinical data, insurance processing, performing therapeutic interventions, providing drug information services, and authorizing release of medication for administration. The Waiver did not permit dispensing of a drug or final product verification by remote processing. Further, the Waiver expanded the provisions of BPC section 4071.1 to allow for remote processing by pharmacy technicians and pharmacy interns to include nondiscretionary tasks, including prescription or order entry, other data entry, and insurance processing of prescriptions and medication orders for which supervision by a pharmacist provided using remote supervision via technology that, at a minimum, ensured a pharmacist is (1) readily available to answer questions of a pharmacy intern or pharmacy technician; and (2) verify the work performed by the pharmacy intern or pharmacy technician.

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

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

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

Agreement was not reached specific to if, and under what conditions, permanent authority for remote processing should be established for community pharmacies. Previous discussions have highlighted the complexity

of the issue and various competing interests. Ultimately, it is incumbent on the Board to determine what is in the best interest of California patients.

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

During its January 2023 Meeting, members considered several policy questions, but did not reach consensus on the appropriate outcome for community pharmacy provisions, which would include mail order pharmacies. The meeting minutes, included as an attachment to the meeting materials provide information on the discussion. At the request of Chairperson Oh, to assist the committee and stakeholders with continuing its evaluation of the issue, draft statutory language was developed that could serve as a starting place.

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

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

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

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

For Committee Consideration and Discussion

During the meeting, members can resume discussion on the issue of remote processing. To assist in the discussion, and consistent with the Committee's discussion during its July 2023, attachment 2 includes draft statutory language.

Attachment 2 includes a copy of the draft language.

V. Discussion and Consideration of Pharmacist to Pharmacy Technician Ratio

Relevant Law

Business and Professions Code (BPC) section 4115(f)(1) provides that a pharmacy with only one pharmacy shall have not more than one pharmacy technician performing authorized tasks. This subsection further provisions that the ratio of pharmacy technician to any additional pharmacist shall not exceed 2:1; except that this ratio does not apply to personnel performing clerical functions. Also, the subsection also specified that the ratio is not applicable for the following:

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

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

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

Background

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

A review of the National Association of Boards of Pharmacy (NABP) Survey of Pharmacy Law reveals a variety of different ratios established in different

states. It is important to note that review of various state ratios will not be an apples-to-apples comparison as the licensing requirements and authorized functions for pharmacy technicians is not consistent between states. Further, unlike in California, many states require individuals that are performing clerk/typist duties to be licensed as a pharmacy technician.

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

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

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

For Committee Consideration and Discussion

During the meeting members will have the opportunity to discuss the issue. To assist with the Committee's discussion, it is suggested that the members and stakeholders consider the following questions.

1. Do members generally believe that an increase in the pharmacist to pharmacy technician ratio could be appropriate in additional pharmacy settings that those currently authorized, e.g., closed door pharmacies, nuclear compounding pharmacies, etc.
2. Do members believe that establishing a ratio of 1:2 could improve patient care in all pharmacy settings that currently do not allow such a ratio?
3. Do members believe the Board should have flexibility to have authority to approve a higher ratio on a facility specific basis.
4. Do members believe the Board should have the authority to increase the ratio via regulation as part of the rulemaking process.

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

Relevant Law

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

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

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

Discussion and Committee Discussion

In 2021, the Board sponsored Senate Bill 409 (Caballero, Chapter 604, Statutes of 2021).

During the meeting members and stakeholders will have the opportunity to discuss implementation of the measure as well as consider if there are additional tests that may be appropriate to consider if it is appropriate to consider if tests should be authorized via the regulation process.

Should the Committee and Board determine that additional tests are appropriate, Board staff will seek input from the Medical Board of California and the Laboratory Field Services in the State Department of Public Health, consistent with the requirements established in the underlying statute.

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

Relevant Law

Title 16 CCR Section 1707.4 generally provides authority for a pharmacy licensed by the Board to process a request for refill of a prescription received by a pharmacy within California underspecified conditions including:

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

For Committee Consideration and Discussion

These regulations became effective July 1, 2000. Given that the regulations have remained unchanged for over 20 years, it appears appropriate to review the requirements and determine if changes are appropriate. To assist in the Committee's discussion, the following questions may be appropriate to consider?

1. Should labeling requirements to update to ensure patient-centered labeling requirements are satisfied? Should the label include the names of both pharmacies?
2. Given the number of errors reported from central fill pharmacies, should the regulation require final product review at the dispensing pharmacy before the prescription is released to the patient? **Note:** As included in the ADDS Quality Assurance Programs report to the Enforcement and Compounding Committee, the Board has received numerous reports of medication errors stemming from the use of automated drug delivery systems within central fill pharmacies. Such errors generally result in the incorrect quantity of medication dispensed to the patients.
3. Clarify that the regulation allows for new and refill prescriptions? **Note:** the current regulation language appears to suggest that new prescriptions may be allowed; however, the language is not clear.

4. Should a patient provide consent or received notification that the prescription will be filled at a different pharmacy?
5. Should we limit central fill pharmacies to only operating within California?
6. Should the Board define central fill pharmacy?
7. Should the regulations be limited to noncontrolled medications only?
Note: DEA regs appear to limit c/s to a single transfer. Transferring to a central fill pharmacy then back to dispensing pharmacy appears to exceed DEA.

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

Background

In California, pharmacies are regulated under the same legal requirements. Although the Board does have some regulations that may establish a unique requirement for a specified type of license (i.e., central fill requirements discussed under the prior agenda item), generally all pharmacies must comply with the same laws. While this approach may allow for simplicity in California Pharmacy Law, it can also create some confusion. Further, given the broad nature of the Board's approach, it can at times lead to patient safety concerns.

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

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

For Committee Consideration and Discussion

During the meeting members will have the opportunity to begin evaluation of mail order pharmacies. The discussion should focus on if there are opportunities to improve consumer protection by providing a more robust definition of mail order pharmacy and determining if, for example, temperature monitoring should be required, etc.

Depending on the comments of the committee and stakeholders, scheduling of subsequent discussions may also be appropriate after members have an opportunity to provide guidance to staff.

IX. Discussion and Consideration of Licensing Statistics

Licensing statistics from July 1, 2023 – September 30, 2023, are provided in **Attachment 3**.

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

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

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

- 1 temporary pharmacy technician

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

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

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

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

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

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

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

- 66 community pharmacies
- 2 hospital pharmacies

Processing Times

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

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

X. Future Committee Meeting Dates

- January 22, 2024
- April 10, 2024
- July 18, 2024
- October 24, 2024

XI. Adjournment

Attachment 1



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**California State Board of Pharmacy
Department of Consumer Affairs
DRAFT Licensing Committee Meeting Minutes**

Date: July 19, 2023

Location: OBSERVATION AND PUBLIC COMMENT IN PERSON:
Department of Consumer Affairs
1625 N. Market Blvd, First Floor Hearing Room
Sacramento, CA 95834

PUBLIC PARTICIPATION AND COMMENT FROM A
REMOTE LOCATION:
WEBEX

Board Members

Present: Seung Oh, Licensee Member, Chair
Jig Patel, Licensee Member, Vice-Chairperson
Renee Barker, Licensee Member
Trevor Chandler, Public Member
Jessi Crowley, Licensee Member
Jason Weisz, Public Member

Staff Present: Anne Sodergren, Executive Officer
Julie Ansel, Assistant Executive Officer
Corinne Gartner, DCA Counsel

I. Call to Order, Establishment of Quorum, and General Announcements

Chairperson Oh called the meeting to order at approximately 9:00 a.m. As part of the opening announcements, Chairperson Oh reminded everyone that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law. Department of Consumer Affairs' staff provided instructions for participating in the meeting.

Roll call was taken. Members present: Jig Patel, Licensee Member; Renee Barker, Licensee Member; Trevor Chandler, Public Member; Jessi Crowley, Licensee Member; Jason Weisz, Public Member, and Seung Oh, Licensee Member. A quorum was established.

II. Public Comments on Items Not on the Agenda/Agenda Items for Future Meetings

Members of the public were provided the opportunity to provide comment.

No public comment was made by meeting participants in the Sacramento location.

Public comment was received via WebEx. The Committee heard comment from a specialty pharmacist thanking the Board for including specialty pharmacy in the remote pharmacy discussion.

III. Approval of the January 24, 2023, and April 5, 2023, Licensing Committee Meeting Minutes

Chairperson Oh advised as the Committee was unable to approve the January 24, 2023, Licensing Committee minutes at the previous Committee Meeting due to quorum issues, the January 24, 2023, Licensing Committee minutes were presented for review and approval.

Members were provided the opportunity to comment; however, no comments were made.

Motion: Accept the January 24, 2023, Licensing Committee Meeting minutes as presented.

M/S: Crowley/Patel

Members of the public were provided the opportunity to comment in Sacramento and via WebEx; however, no comments were made.

Support: 6 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Barker	Support
Chandler	Support
Crowley	Support
Oh	Support
Patel	Support
Weisz	Support

Chairperson Oh advised the April 5, 2023, Licensing Committee minutes were presented for review and approval.

Members were provided the opportunity to comment; however, no comments were made.

Motion: Accept the April 5, 2023, Licensing Committee Meeting minutes as presented.

M/S: Crowley/Patel

Members of the public were provided the opportunity to comment in Sacramento and via WebEx; however, no comments were made.

Support: 6 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Barker	Support
Chandler	Support
Crowley	Support
Oh	Support
Patel	Support
Weisz	Support

IV. Discussion and Consideration of Provisions for Remote Processing

Chairperson Oh recalled the Committee discussed remote processing several times over the past year, including during the January 2023 Committee Meeting where the Committee considered several policy questions and received significant public comment in support of making permanent provisions for remote processing for pharmacists working in hospitals and community pharmacies while other public comments expressed concern with the Board taking such action. Dr. Oh added as part of the April 2023 Licensing Committee Meeting, the Committee reviewed what could be a possible legislative framework. However, as the Committee didn't have quorum at the April meeting, no recommendations were offered to the Board from that discussion, but again, significant public comment was received.

Chairperson Oh added related to this issue during the February 2023 Board Meeting, the Board voted to sponsor legislation to make permanent limited provisions related to remote medication chart order review for inpatients as included in the provisions of Assembly Bill 1557.

Chairperson Oh noted the Committee had previously committed to continue the consideration of potential provisions to allow for remote processing for pharmacists working in community pharmacies. Dr. Oh added during the prior discussion, the Committee did not reach consensus on whether remote processing was appropriate for pharmacists working in community pharmacies. Dr. Oh noted the Committee received public comment from pharmacists that were currently working in a remote capacity under the Board's waiver and provided potential consequences if provisions were not made permanent.

Chairperson Oh acknowledged the complexity of the issue before the Committee. Dr. Oh added the services pharmacists provide varied greatly as do their work environments. Dr. Oh thought it might be helpful to consider fundamental questions related to the issue in the hopes that consensus on some of these questions could be reached. Dr. Oh believed if the Committee was able to reach consensus, and the Board as part of its discussion agreed, there would be a path forward for future discussions.

Chairperson Oh thanked the stakeholders that have provided feedback during all of these meetings and noted this input was very important to the consideration of the issue. Dr. Oh added the Committee and Board needed to determine what was best for consumers consistent with the Board's mandate.

Policy Question #1: Does the Committee believe there is a benefit to consumers to allow for pharmacists to work from remote locations?

Chairperson Oh acknowledged while this seemed like a simple question, the answer was quite difficult. Dr. Oh believed there was a great potential for pharmacists to work from remote locations to the benefit of patients, but only if the remote work did not come at the expense of pharmacists

working directly in community pharmacies, providing direct patient care services, consultations, etc. Dr. Oh could envision opportunities, but regrettably, was concerned that the market would move away from staffing pharmacists in community pharmacy. Dr. Oh was concerned that remote provisions could further exacerbate the problem thereby reducing patient access to pharmacists which would be a significant detriment to patients.

Members were provided the opportunity to comment.

Member Chandler agreed with Dr. Oh's concerns and the need for remote processing. The number of good practices added increased Mr. Chandler's comfort in remote processing. Mr. Chandler added the Board needs to be very clear and specific on what counts as remote processing and put safeguards in place to ensure pharmacists were not overworked or pressured to generate a high number of prescriptions. Mr. Chandler wanted to ensure there was accountability for billing and ensuring pharmacists aren't pressured to fulfill a quota number.

Member Patel agreed with remote processing helping consumers and Mr. Chandler's comment on having guardrails in place. Mr. Patel noted California has a lot of remote and rural areas where there has been significant reduction in hours of operation and access due to lack of pharmacists' availability in these areas. Mr. Patel added if remote processing was allowed, it would help increase access for consumers. Mr. Patel added there was a historically low enrollment of students in pharmacy school and was concerned that this problem for recruiting in rural areas. Mr. Patel added opportunities for pharmacists across hospitals were increasing so the clinical roles were multiplying further adding to stress of recruiting retail community pharmacists. Mr. Patel noted the number of specialty prescriptions have quadrupled in the last five years. Mr. Patel noted this was especially helpful with long-acting mental health injections that was a large part of specialty pharmacy and helped the homeless crisis.

Member Crowley agreed with previous comments especially being as clear as possible regarding what was included in remote processing duties. Dr. Crowley noted remote processing pharmacists assist at her store with long-acting anti-psychotics medications and unique consultations required for the medications. Dr. Crowley thought the discussion was good moving forward and wanted to ensure that the one-on-one interaction with the pharmacist and patient was not impacted by any remote processing changes.

Member Weisz commented in agreement with the Committee that it would be a benefit but wanted to make sure guardrails and safety measures were in place.

Member Barker agreed with previous comments noting there was definitely a role for remote processing noting it was important to defining the process so that the consumers continue to have the physical personal interaction.

Members of the public in Sacramento were provided the opportunity to comment.

A pharmacist commented agreeing with the great benefit in remote processing specifically for load balancing and accessing expertise for specialized medications. The pharmacist expressed concern that the pharmacist doing the remote dispensing has to be an employee of the pharmacy which may be an unintended consequence. The pharmacist wanted to ensure the Committee and Board didn't do anything to the current law that allows prescribers including pharmacists who are prescribers to enter that information into the pharmacy computer directly.

A representative of the California Community Pharmacy Coalition (CCPC) spoke in support of a statutory proposal to provide permanent authorization to allow for remote processing for community pharmacies. The representative noted some pharmacists lost their jobs after the waiver ended. When possible some were offered jobs in the pharmacy but some pharmacists couldn't make the shift due to disability, childcare, distance,

etc., and CCPC would like to see those pharmacists get back to working remotely. The representative didn't think there would be a case to remove jobs from the pharmacy but rather thought it would help to take the pressure off the staff in the pharmacy.

A representative of Walgreens commented remote processing was a way to offer different types of options for employees. The representative noted it also allowed for response to a public health crisis by expanding reach into the community and providing on-demand services quickly for pharmacists or in the event of natural disasters (e.g., hurricane, tornados, etc.). The representative recommended keeping the language broad.

A representative of CVS recalled most states allow pharmacists to work from home. The representative was concerned with the overregulation of the proposed language and list of duties noting a concern of not being able to stay current as the practice of pharmacy changes over time. The representative was not certain the Board had the authority to regulate insurance billing. The representative was concerned with the statement that remote working could only be used to improve patient care where most of the duties were related to maintaining patient care. The representative voiced concerns about the statement that staffing levels couldn't be reduced and the restriction on laptops.

Members of the public participating via WebEx were provided the opportunity to comment.

A pharmacist who worked at a specialty pharmacy for 16 years working remotely and on site noted the primary difference lies in the quality of the patients' care. The pharmacist noted working remotely provided improved quality of care for patients including prompt intervention of patient's medicine regimens when issues arise eliminating time spent commuting on-site to log into computer; undivided attention to patients during consultations without the normal distractions of an office environment; and less missing of work due to illness thereby increasing productivity and efficiency.

A clinical pharmacist in specialty pharmacy who had worked at home for four years commented that working at home improved the workflow and lessened the load for those in the pharmacy. It allowed for increased face-to-face time with patients, completed clinical duties at all times of the day, and reduced the commute time.

A computer analyst commented working from home allows 24/7 access to provide support and the customer should be first.

A pharmacist representative from Kaiser commented the Board's remote processing waiver that expired May 2023 was the best framework for the statutory changes needed to authorize remote processing of prescriptions on a permanent basis and felt the guardrails in the waiver were sufficient. The representative referenced a 2022 study that found certain traditionally underrepresented groups have a stronger than average preference for remote or hybrid work. The representative encouraged the Board to consider the diversity, equity, and inclusion (DEI) implications for any proposed language. The representative thought remote work allowed for the employment of individuals who otherwise would not be able to work in a pharmacy. The pharmacists in the pharmacies also benefit from the support of their remote pharmacists. The pharmacies are able to dynamically provide support where it is most needed. Remote working allows for pharmacies to stay open by getting creative about how staffing will be done. Remote work was seen as a win-win for pharmacists, pharmacies, and consumers.

The Committee heard several comments in support of remote working for specialty pharmacists.

Members were provided the opportunity to comment after receiving public comment.

Member Patel commented on the requirement requiring the pharmacist being licensed in California and working in a pharmacy in California noting a clerk can be trained to do data entry in three days without any formal education and yet the pharmacist licensed in another state who would be

less risk to consumers than the clerk could not do it unless licensed in California as a pharmacist. Mr. Patel noted it could be worded in a manner to not limit to California licensed pharmacists only. If the pharmacist is not licensed in California but not touching controlled substances that should be acceptable.

Chairperson Oh reminded the Committee that the legislative proposal from 2021 did not advance because of the controversy and if it was opened up, a path forward would be difficult to complete. Dr. Oh thought it was a great concept and agreed in many ways but wanted the Committee to be mindful of past obstacles and was concerned with opening it up to out-of-state.

Member Crowley agreed with Dr. Oh and Mr. Patel. Dr. Crowley expressed interest in DEI demographic data if available.

Member Chandler inquired about the employee issue raised and the laptop issue. Dr. Crowley provided examples of when a pharmacist from a specialty pharmacy was an employee versus not an employee. Executive Officer Sodergren explained that proposed statutory or regulatory language could be updated based on where the policy decision lands once consensus was reached.

Member Chandler inquired how the remote processing was done prior to the waiver, during the waiver, and after the waiver. Ms. Sodergren provided high level that there were provisions for specialty pharmacy to be working in a different pharmacy performing some services. There were provisions in the hospital setting still being done because there was a specific waiver tied to the federal declaration and legislation moving forward in AB 1557 related to the chart ordering. The Board was hopeful that people were following the law.

Member Weisz didn't want to impede what pharmacists were doing now but saw this as a great opportunity to expand patient care and keep people working. Mr. Weisz was not in favor of having out of state workers doing the processing but offered if considering the type of medication

(e.g., controlled versus noncontrolled substance) was being processed remotely.

Chairperson Oh added it would be nice for pharmacists to take real time evaluating controlled substances because it did take extra time in the pharmacy but there were real concerns about diversion and more fraudulent activity too.

Member Crowley was more comfortable having a registered California pharmacist performing any data verification and was not comfortable at all with a controlled substance from a legal perspective as laws vary from state to state.

Member Patel added roughly 80 percent of prescriptions are for non-controlled substances and if controlled substances were removed, the horizons would be expanded for remote processing quite a bit. If controlled substances were removed, it wouldn't be detrimental to a lot of categories of disease states and the treatment plan.

Policy Question #2: Does the Committee believe there is a benefit to consumers, but only for specific types of pharmacy models, e.g., closed door pharmacies, specialty pharmacies?

Chairperson Oh acknowledged that this was a challenging question and that he was conflicted generally about the best approach to regulate the various pharmacy practice settings. Dr. Oh noted pharmacy law has already drawn some distinctions between authorities in hospitals, for example. Dr. Oh expressed concerns with taking such an approach for remote processing but believed the concerns stated previously about pharmacist accessibility in community pharmacies was not equal across the broad spectrum of different types of community pharmacies (e.g., closed door, specialty, or retail, etc.). Dr. Oh noted the Board did not have definitions of these types of pharmacies, which may in part make this more complicated.

Members were provided the opportunity to comment.

Member Crowley asked how the Board could specify differences for specialty pharmacy when there wasn't a separate license type for specialty pharmacy.

DCA Counsel Gartner believed if that was the chosen path, statutory definitions for the types would need to be developed.

Member Patel spoke in favor of keeping it simple as a licensed pharmacy as it also assisted in natural disasters. Dr. Oh agreed.

Member Crowley was conflicted with understanding at the community pharmacy level, the liability of the pharmacist-in-charge (PIC) and the disconnect for someone who was verifying a prescription and someone who was counseling the patient. Dr. Crowley noted chain pharmacies had infrastructures in place to assist with natural disasters. Dr. Crowley was torn in a broad versus specific allowance of remote processing and what activities would be allowed. Dr. Crowley was uncomfortable with the final verification piece in terms of actually verifying the final product and having someone else do that function.

Member Chandler's inclination was to keep it pharmacy in general without specifics.

Members of the public in Sacramento were provided the opportunity to comment.

A pharmacist recommended keeping it general for all pharmacies highlighting many pharmacists manage drug therapies in assisted living facilities. The pharmacist referenced Business and Professions Code (BPC) section 4071.1 noting it did not allow remote order entry into a hospital or pharmacy system of controlled substances for pharmacists which would need to be changed if allowing remote order entry for controlled substances. The commenter added it also required licensure in California but allowed for licensed personnel to be located outside of California.

A representative of CVS commented that decisions made impact California employees. The representative added people working remotely can't divert medication. The representative noted that most diversion was done by pharmacy technicians and over half of the states allow pharmacy technicians to work outside of the pharmacy.

Members of the public participating via WebEx were provided the opportunity to comment.

A representative of CCAP agreed with previous comments about long-term care consultant pharmacists and skilled nursing facilities and intermediate care facilities that were required to be there and weren't typically employees of pharmacies any longer. Assisted living facilities were required to have a pharmacist go to the facilities periodically but not as extensive as long-term care facilities. Pharmacists providing services for these facilities should be included in remote processing. The representative stated the pharmacy technician should be able to work remotely and recommended changing the law that a pharmacy technician was only a pharmacy technician when in the pharmacy.

A pharmacist representative of Kaiser agreed in allowing remote work for all pharmacies. The representative suggested writing the provisions so that it wouldn't interfere with the provisions allowed for remote work by hospital pharmacists as allowed by AB 1557 when signed by the governor.

A representative of Albertsons commented in support of remote work from home as mentioned by previous colleagues and universally applied across all disciplines.

Multiple specialty pharmacists commented in support of allowing specialty pharmacists to work remotely.

Chairperson Oh clarified there was a Board-sponsored bill, AB 1557, pending in the legislature. Dr. Oh clarified the discussion was about remote processing of prescriptions dispensed.

Members were provided the opportunity to comment after receiving public comment; however, no comments were made.

Policy Question #3: Does the Committee believe that discussion on these questions should be postponed until after passage of Assembly Bill 1286, the Board's patient protection measure?

Chairperson Oh believed that some of the current concerns would be resolved if requirements proposed to be established in AB 1286, most notably related to staffing, were secured with passage of the measure. Dr. Oh noted a level of comfort expanding remote processing if AB 1286 was in place.

Members were provided the opportunity to comment.

Member Chandler recommended looking in totality but noted if the bills are passed, it would relieve some concerns (e.g., staffing, ensuring the quality of pharmacies, etc.) noting if AB 1286 didn't pass it would make it that much more important that this particular bill had robust protections contained in AB 1286.

Member Weisz commented the Committee should move forward regardless of the status of AB 1286. If AB 1286 passed and was signed by the governor, the Board would know where the Board stood but the Board could also plan ahead to be nimble.

Member Crowley agreed the legislative process was long and agreed with having the ongoing discussion simultaneously as the bill moved forward. Dr. Crowley agreed with Member Chandler in that the protections provided in AB 1286 would address some of the concerns regarding staffing and support in the physical pharmacies.

Member Barker agreed with the members' comments that it was really important to get those patient protections provided in AB 1286 and if AB 1286 didn't pass, this could be addressed.

Members of the public in Sacramento were provided the opportunity to comment.

A representative of CCPC commented in opposition to AB 1286 but appreciated working with the Board and the amendments that had been worked out so far. The representative added the discussion on remote processing should be separate from AB 1286 noting that remote processing was consistent with the goals of AB 1286 in trying to protect patients and reduce medication errors. Allowing remote processing would help move toward the goal of protecting patients. The representative added the remote processing should be expanded to all settings of pharmacy and not limited to certain settings.

A member of the public commented the discussion should be continued regardless of the outcome of AB 1286 adding that remote processing was all about dispensing. The commenter noted the remote site dispensing pharmacy where final product approval was done remotely which could be a model for future discussions. The commenter cautioned about comparing California to other states as the definition of pharmacy technician was different than other states' definitions.

Members of the public participating via WebEx were provided the opportunity to comment; however, there were no comments.

Members were provided the opportunity to comment after receiving public comment; however, there were no comments.

Policy Question #4: Does the Committee believe the Board should sponsor legislation in this area?

Chairperson Oh believed the answer to this question in part would depend on if the Committee reached consensus that changes were appropriate. Dr. Oh noted even if the Board did reach consensus, the question of whether the Board should actively sponsor legislation or rather use these discussions to develop a policy that could be relied upon by the Board to respond to legislation sponsored by others should be considered. Dr. Oh

believed consensus among stakeholders may be a challenge because of competing interests. Dr. Oh noted as Member Chandler has reminded the Committee on occasion, an alternative to sponsoring legislation could be for the Board to have a solution ready should the legislature ask. Dr. Oh believed there were pros and cons to both approaches and that given the varying opinions among stakeholders, this could be an area that the Board identifies through the Sunset review noting that wouldn't be for a few years.

Members were provided the opportunity to comment.

Member Chandler agreed moving ahead as if the Board would be pursuing legislation and could adapt to however the legislation was pursued (e.g., recommendation, sponsoring legislation, Sunset, etc.).

Member Weisz agreed with Member Chandler and noted the Board was a conduit to pharmacists and multiple stakeholders adding it was important to make a stake in the issue.

Members of the public in Sacramento were provided the opportunity to comment; however, there were no comments.

Members of the public participating via WebEx were provided the opportunity to comment; however, there were no comments.

Policy Question #5: Does the Committee believe the Board would benefit from additional flexibility to develop regulations in this area by securing broader regulation authority specific to remote processing?

Chairperson Oh believed this question posed an interesting policy area. Generally, where the Board has rulemaking authority, it was easier at times for the Board to parse out issues and respond more dynamically through rulemaking. Expanding rulemaking authority in this area may provide the Board and stakeholders with greater flexibility in developing potential authority in this area. Dr. Oh was inclined to agree that the Board would benefit from flexibility to develop regulations in this area adding the details

can be unclear but would imagine the Board could start with the legislature by requesting amendment to give clear authority to promulgate regulations. Dr. Oh hoped it would be a landing spot to agree upon some path forward as flexibility would be very important.

Members were provided the opportunity to comment.

Member Crowley asked for clarification regarding authority. Dr. Oh explained it was very clear that there was no statutory authority to promulgate regulations in this area and a statutory change would be necessary. Dr. Oh further explained this was an option to request statutory authority to promulgate regulations versus having a specific statutory proposal.

Member Chandler agreed with the regulatory process being a better venue especially when related to technology and constant innovations in technology. Mr. Chandler supported the concept.

Member Crowley agreed from a broad perspective but had questions about processes, timing, and possible further delay. Dr. Crowley asked about the likelihood of being granted the authority to promulgate regulations. Dr. Oh noted the Board could try.

Member Barker agreed with the concept and the key part was to be flexible with minimizing the time.

Member Weisz agreed with the flexibility of the approach.

Member Chandler commented the Board should continue on multiple tracks for pursuing remote processing.

Members of the public in Sacramento were provided the opportunity to comment.

A member of the public commented historically there had been too much detail in the pharmacy statute and preferred regulations noting there had been times where regulations took longer than the legislative process. The commenter recommended looking into what statutory authority was needed. The commenter advised looking at what current statutes and regulations might be in the way of pursuing the regulation.

Members of the public participating via WebEx were provided the opportunity to comment.

A pharmacist representative of Kaiser commented the approach to ask the legislature for the authority to pursue regulations was sensible. If the approach was taken, another item to consider was to ask the legislature for the authority to write regulations on remote final product verification specifically for compounded sterile products. The representative reviewed safeguards and studies that supported remote final product verification of sterile compounded products.

Chairperson Oh provided a summary of the discussion noting agreement relative to question 1 that some sort of remote processing, with guardrails and definitions, would benefit consumers. Regarding question 2, Dr. Oh noted the consensus seemed to be that it was probably best to keep it simple and not limit remote processing to only specific types of pharmacy models. On question 3, Dr. Oh noted the Committee agreed with looking at the opportunity separate from AB 1286 but noted the passage of AB 1286 would make it easier. On question 4, Dr. Oh noted the Committee agreed it would be best for the Board to sponsor the legislation. And on question 5, Dr. Oh added the consensus seemed to be that it would be good to have flexibility to develop regulations.

Chairperson Oh summarized paths forward. Dr. Oh saw a path forward as flexibility asking for the legislature to give the Board the authority to promulgate regulations that could be brought to the October Licensing Committee Meeting. Dr. Oh also noted it would be great for an experimental program but the limitation is that the Board could only waive regulatory requirements but not statutory requirements. Dr. Oh also added opening the opportunity for petitioning the Board to perform remote processing but that would require statutory change as well which would allow for additional flexibility.

Ms. Sodergren commented on the value in developing the authority through regulation noting that there was authority in CCR 1706.5 that allows for studies to allow for innovation. It was the authority for the Board to suspend regulation that does not extend to statute. If the provisions were in regulation, the Board could consider research in this area and suspend some of the regulations to understand the impact. Ms. Sodergren provided an example of tech-check-tech where the Board was able to

suspend some of the regulations for purposes of studying the issue and evaluate if changes in the law were appropriate.

Chairperson Oh concluded the next step would be to have a statutory proposal that would include the regulatory authority and other language.

Members were provided the opportunity to comment after receiving public comment. Member Barker added in order to have flexibility it would be helpful to understand who was doing remote processing and who wanted to do remote verification.

V. Discussion and Consideration of Committee's Strategic Objectives

Chairperson Oh referred to the Licensing Committee's nine strategic objectives in the meeting materials noting that included were updates on the objectives, highlighting efforts over the past year. Dr. Oh noted that Objective 1.6 was complete. As the Chair of the Licensing Committee, Dr. Oh intended to focus more review on objective 1.2 in the coming year and believes additional discussion on the pharmacy technician program could be addressed in the coming year consistent with objective 1.3. Dr. Oh noted that objectives 1.7, 1.8 and 1.9 were tied to the Board's business modernization activities. Dr. Oh believed the remaining objectives were appropriate and didn't believe any changes were appropriate.

Members were provided the opportunity to comment; however, no comments were made.

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating via WebEx were provided the opportunity to comment; however, no comments were made.

VI. Discussion and Consideration of Licensing Statistics

Chairperson Oh referenced meeting materials that included a summary of the licensing statistics for the year. Dr. Oh reported the Board has issued 7,619 licenses to individuals and 1,105 site licenses, which includes 335 temporary licenses. Dr. Oh indicated a review of processing times showed improvement in some areas; however, improvement was needed in most areas. The data report reflected the oldest application of each application type. Dr. Oh highlighted this so members understood that the

Board's average processing time was shorter than what was reported. Dr. Oh noted the most significant improvement was in the pharmacy technician licensing program where the time dropped from 81 days to 38 days. Dr. Oh recalled that, as the Committee has discussed on several occasions, staff vacancies were a primary driver of the processing times. As of July 1, there were five vacancies in the licensing unit. Dr. Oh thanked licensing staff for their efforts and requested that an update of the pending times be provided during the August 2023 Board Meeting so members can continue to monitor the progress.

Members were provided the opportunity to comment; however, no comments were made.

Members of the public in Sacramento were provided the opportunity to comment.

A member of the public requested data on the number of active licensees and how many pharmacies have closed be included in future reports. Dr. Oh noted the information was included in the meeting materials.

Members of the public participating via WebEx were provided the opportunity to comment; however, no comments were made.

Members were provided the opportunity to comment after receiving public comment.

Member Chandler asked what a designated paramedic license was as the Board only issued one license. Ms. Sodergren provided it was a very specific license type for a very specific type of automated drug delivery system that was used by the fire department which the Board had issued one license.

VII. Future Committee Meeting Dates

Chairperson Oh thanked everyone for participating and noted the next Licensing Committee Meeting was scheduled for October 18, 2023, adding the meeting would be conducted in person with stakeholders again having the option to participate via Webex. However, Dr. Oh requested attendees monitor the Board's website for updates.

VIII. Adjournment

The meeting adjourned at 11:06 a.m.

Attachment 2

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

4071.1.

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

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

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

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

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

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

(e) In order to enable any accredited school of pharmacy recognized by the Board to experiment with new and innovate methods for drug handling, or to develop new and better methods or concepts involving the ethical practice of pharmacy the Board may waive the application of this section and applicable provisions of Pharmacy rules and regulations contained in Title 16, California Administrative Code, Chapter 17, if the Dean of said school has filled with the Board an experimental plan or program which specifies the particular provisions to be waived, and which has been approved by the Board.

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

Attachment 3

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

APPLICATIONS RECEIVED

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

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

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	72	0	0	0	72
Automated Drug Delivery System (ADD(APD))	1	0	0	0	1
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	32	0	0	0	32
Clinics Government Owned (CLE)	23	0	0	0	23
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	2	0	0	0	2
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	1	0	0	0	1
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	2	0	0	0	2
Pharmacy (PHY)	96	0	0	0	96
Pharmacy (PHY) Chain	5	0	0	0	5
Pharmacy Government Owned (PHE)	1	0	0	0	1
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	25	0	0	0	25
Sterile Compounding (LSC)	10	0	0	0	10
Sterile Compounding Government Owned (LSE)	1	0	0	0	1
Sterile Compounding Nonresident (NSC)	2	0	0	0	2
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	3	0	0	0	3
Third-Party Logistics Providers Nonresident (NPL)	8	0	0	0	8
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	23	0	0	0	23
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	26	0	0	0	26
Total	333	0	0	0	333
*Number of applications received includes the number of temporary applications received.					
Applications Received with Temporary License Requests	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Drug Room -Temp (DRM)	0	0	0	0	0
Drug Room Government Owned-Temp (DRE)	0	0	0	0	0
Hospital - Temp (HSP)	2	0	0	0	2
Hospital Government Owned - Temp (HPE)	1	0	0	0	1
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	0	0	0	0	0
Correctional Pharmacy -Temp (LCF)	0	0	0	0	0
Outsourcing Facility - Temp (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0	0
Pharmacy - Temp (PHY)	82	0	0	0	82
Pharmacy Government Owned - Temp (PHE)	2	0	0	0	2
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	15	0	0	0	15
Sterile Compounding - Temp (LSC)	7	0	0	0	7
Sterile Compounding Government Owned - Temp (LSE)	1	0	0	0	1
Sterile Compounding Nonresident - Temp (NSC)	1	0	0	0	1
Third-Party Logistics Providers - Temp (TPL)	1	0	0	0	1
Third-Party Logistics Providers Nonresident - Temp (NPL)	2	0	0	0	2
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesaler - Temp (WLS)	8	0	0	0	8
Wholesaler Government Owned - Temp (WLE)	0	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	7	0	0	0	7
Total	129	0	0	0	129

LICENSES ISSUED

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

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

Site Licenses Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	93	0	0	0	93
Automated Drug Delivery System (ADD(APD))	0	0	0	0	0
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	7	0	0	0	7
Clinics Government Owned (CLE)	23	0	0	0	23
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	0	0	0	1
Pharmacy (PHY)	16	0	0	0	16
Pharmacy Government Owned (PHE)	3	0	0	0	3
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	4	0	0	0	4
Sterile Compounding (LSC)	1	0	0	0	1
Sterile Compounding Government Owned (LSE)	1	0	0	0	1
Sterile Compounding Nonresident (NSC)	2	0	0	0	2
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	8	0	0	0	8
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	13	0	0	0	13
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	10	0	0	0	10
Total	182	0	0	0	182

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

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

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

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

Site Applications Pending	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD(AUD))	159	0	0	0
Automated Drug Delivery System (ADD(APD))	46	0	0	0
Automated Drug Delivery System EMS (ADE)	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	1	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0
Clinics (CLN)	172	0	0	0
Clinics Government Owned (CLE)	27	0	0	0
Drug Room (DRM)	1	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0
Hospitals (HSP)	7	0	0	0
Hospitals Government Owned (HPE)	1	0	0	0
Hospital Satellite Sterile Compounding (SCP)	2	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0
Hypodermic Needle and Syringes (HYP)	13	0	0	0
Correctional Pharmacy (LCF)	1	0	0	0
Outsourcing Facility (OSF)	1	0	0	0
Outsourcing Facility Nonresident (NSF)	13	0	0	0
Pharmacy (PHY)	262	0	0	0
Pharmacy Government Owned (PHE)	6	0	0	0
Remote Dispensing Pharmacy (PHR)	5	0	0	0
Pharmacy Nonresident (NRP)	181	0	0	0
Sterile Compounding (LSC)	64	0	0	0
Sterile Compounding - Government Owned (LSE)	10	0	0	0
Sterile Compounding Nonresident (NSC)	16	0	0	0
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0
Third-Party Logistics Providers (TPL)	6	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	69	0	0	0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0
Wholesalers (WLS)	71	0	0	0
Wholesalers Government Owned (WLE)	1	0	0	0
Wholesalers Nonresident (OSD)	161	0	0	0
Total	1,296	0	0	0

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

APPLICATIONS WITHDRAWN

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

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

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

APPLICATIONS DENIED

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

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

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

RESPOND TO STATUS INQUIRIES

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

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

UPDATE LICENSING RECORDS

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

DISCONTINUED BUSINESS

discontinued by reported date of closure

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	15	0	0	0	15
Automated Drug Delivery System (ADD(APD))	0	0	0	0	0
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	2	0	0	0	2
Clinics Government Owned (CLE)	4	0	0	0	4
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0
Correctional Pharmacy (LCF)	1	0	0	0	1
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	0	0	0	1
Pharmacy (PHY)	21	0	0	0	21
Pharmacy (PHY) Chain	34	0	0	0	34
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	5	0	0	0	5
Sterile Compounding (LSC)	8	0	0	0	8
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	0	0	0	0	0
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	2	0	0	0	2
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	5	0	0	0	5
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	5	0	0	0	5
Total	103	0	0	0	103

LICENSES RENEWED

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

Site Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(APD & AUD))	192	0	0	0	192
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	1	0	0	0	1
Centralized Hospital Packaging (CHP)	4	0	0	0	4
Clinics (CLN)	419	0	0	0	419
Clinics Government Owned (CLE)	57	0	0	0	57
Drug Room (DRM)	3	0	0	0	3
Drug Room Government Owned (DRE)	1	0	0	0	1
Hospitals (HSP)	61	0	0	0	61
Hospitals Government Owned (HPE)	43	0	0	0	43
Hospital Satellite Sterile Compounding (SCP)	2	0	0	0	2
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	0	0	0	2
Hypodermic Needle and Syringes (HYP)	63	0	0	0	63
Correctional Pharmacy (LCF)	5	0	0	0	5
Outsourcing Facility (OSF)	1	0	0	0	1
Outsourcing Facility Nonresident (NSF)	2	0	0	0	2
Pharmacy (PHY)	1,153	0	0	0	1,153
Pharmacy Government Owned (PHE)	51	0	0	0	51
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	125	0	0	0	125
Sterile Compounding (LSC)	143	0	0	0	143
Sterile Compounding Government Owned (LSE)	48	0	0	0	48
Sterile Compounding Nonresident (NSC)	8	0	0	0	8
Surplus Medication Collection Distribution Intermediary (SME)	1	0	0	0	1
Third-Party Logistics Providers (TPL)	13	0	0	0	13
Third-Party Logistics Providers Nonresident (NPL)	47	0	0	0	47
Veterinary Food-Animal Drug Retailer (VET)	2	0	0	0	2
Wholesalers (WLS)	147	0	0	0	147
Wholesalers Government Owned (WLE)	3	0	0	0	3
Wholesalers Nonresident (OSD)	212	0	0	0	212
Total	2,809	0	0	0	2,809

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

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

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

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