Statutory Changes in Pharmacy Law

Unless otherwise noted, the provisions take effect January 1, 2025.

Underline text is added language, ~~Strikethrough~~ text is deleted language.

Business and Professions Code

208.

(a) Beginning April 1, 2025, a Controlled Substance Utilization Review and Evaluation System (CURES) fee of fifteen dollars ($15) shall be assessed annually on each of the licensees specified in subdivision (b) to pay the reasonable costs associated with operating and maintaining CURES for the purpose of regulating those licensees. The fee assessed pursuant to this subdivision shall be billed and collected by the regulating agency of each licensee at the time of the licensee's license renewal. If the reasonable regulatory cost of operating and maintaining CURES is less than fifteen dollars ($15) per licensee, the Department of Consumer Affairs may, by regulation, reduce the fee established by this section to the reasonable regulatory cost.

(b)(1) Licensees authorized pursuant to Section 11150 of the Health and Safety Code to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances or pharmacists licensed pursuant to Chapter 9 (commencing with Section 4000) of Division 2.

(2) Licensees issued a license that has been placed in a retired or inactive status pursuant to a statute or regulation are exempt from the CURES fee requirement in subdivision (a). This exemption shall not apply to licensees whose license has been placed in a retired or inactive status if the licensee is at any time authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances.

(3) Wholesalers, third-party logistics providers, nonresident wholesalers, and nonresident third-party logistics providers of dangerous drugs licensed pursuant to Article 11 (commencing with Section 4160) of Chapter 9 of Division 2.

(4) Nongovernmental clinics licensed pursuant to Article 13 (commencing with Section 4180) and Article 14 (commencing with Section 4190) of Chapter 9 of Division 2.

(5) Nongovernmental pharmacies licensed pursuant to Article 7 (commencing with Section 4110) of Chapter 9 of Division 2.

(c) The funds collected pursuant to subdivision (a) shall be deposited in the CURES Fund, which is hereby created within the State Treasury. Moneys in the CURES Fund shall, upon appropriation by the Legislature, be available to the Department of Consumer Affairs to reimburse the Department of Justice for costs to operate and maintain CURES for the purposes of regulating the licensees specified in subdivision (b).

(d) The Department of Consumer Affairs shall contract with the Department of Justice on behalf of the Medical Board of California, the Dental Board of California, the California State Board of Pharmacy, the Veterinary Medical Board, the Board of Registered Nursing, the Physician Assistant Board, the Osteopathic Medical Board of California, the Naturopathic Medicine Committee of the Osteopathic Medical Board, the State Board of Optometry, and the Podiatric Medical Board of California to operate and maintain CURES for the purposes of regulating the licensees specified in subdivision (b).

(e) This section shall become operative on April 1, 2025.

Article 10.8. Three Day Rule for Narcotic Drug Prescriptions

750.

(a) For purposes of this section, "prescriber" means a person authorized to write or issue a prescription pursuant to Section 11150 of the Health and Safety Code.

(b)(1) Each board that licenses a prescriber shall develop informational and educational material regarding the federal Drug Enforcement Administration's "Three Day Rule," as codified in subsection (b) of Section 1306.07 of Title 21 of the Code of Federal Regulations, in order to ensure prescriber awareness of existing medication-assisted treatment pathways to serve patients with substance use disorder.

(2) Each board shall annually disseminate the informational and educational material developed pursuant to paragraph (1) to each licensed prescriber's email address on file with the board.

(3) Each board shall post the informational and educational material developed pursuant to paragraph (1) on their internet website.

(4) The requirements of this subdivision shall not apply to the Veterinary Medical Board.

(c) The Medical Board of California shall also annually disseminate the informational and educational material it develops pursuant to subdivision (b) to each acute care hospital in the state. The board may disseminate the informational and educational material to each acute care hospital in the state via email.

(d) The department and boards may consult with other state agencies as necessary to implement this section.

4052.02.

(a) Notwithstanding any other law, a pharmacist may initiate and furnish HIV preexposure prophylaxis in accordance with this section.

(b) For purposes of this section, "preexposure prophylaxis" means a ~~fixed-dose combination of tenofovir disoproxil fumarate (TDF) (300 mg) with emtricitabine (FTC) (200 mg), or another~~ prescription drug ~~or drug combination determined~~ approved by the ~~board to meet~~ federal Food and Drug Administration or recommended by the ~~same clinical eligibility recommendations provided in CDC guidelines.~~ federal Centers for Disease Control and Prevention to reduce a person's chance of contracting HIV.

(c) For purposes of this section, "CDC guidelines" means the "2017 Preexposure Prophylaxis for the Prevention of HIV Infection in the United States–2017 Update: A Clinical Practice Guideline," or any subsequent guidelines or recommendations published by the federal Centers for Disease Control and Prevention.

(d) Before furnishing preexposure prophylaxis to a patient, a pharmacist shall complete a training program approved by the board, in consultation with the Medical Board of California, on the use of preexposure prophylaxis and postexposure prophylaxis. The training shall include information about financial assistance programs for preexposure prophylaxis and postexposure prophylaxis, including the HIV prevention program described in Section 120972 of the Health and Safety Code. The board shall consult with the Medical Board of California as well as relevant stakeholders, including, but not limited to, the Office of AIDS, within the State Department of Public Health, on training programs that are appropriate to meet the requirements of this subdivision.

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

(e) A pharmacist may furnish up to a 90-day course of preexposure prophylaxis if all of the following conditions are met:

(1) The patient is HIV negative, as documented by a negative HIV test result obtained ~~within the previous seven days from an HIV antigen/antibody test or antibody-only test or from~~

~~a rapid, point-of-care fingerstick blood test approved by the federal Food and Drug Administration~~ consistent with CDC guidelines. If the patient does not provide evidence of a negative HIV test in accordance with this paragraph, the pharmacist shall order an HIV test. If the test results are not transmitted directly to the pharmacist, the pharmacist shall verify the test results to the pharmacist's satisfaction. If the patient tests positive for HIV infection, the pharmacist or person administering the test shall direct the patient to a primary care provider and provide a list of providers and clinics in the region.

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

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

(4) The pharmacist provides counseling to the patient on the ongoing use of preexposure prophylaxis, which may include education about side effects, safety during pregnancy and breastfeeding, adherence to recommended dosing, and the importance of timely testing and treatment, as applicable, for HIV, renal function, hepatitis B, hepatitis C, sexually transmitted diseases, and pregnancy for individuals of ~~child-bearing~~ childbearing capacity.

(5) The pharmacist ~~shall notify~~ notifies the patient that the patient ~~must~~ may need to be seen by a primary care provider to receive subsequent prescriptions for preexposure prophylaxis and that a pharmacist may not furnish a ~~60~~ 90-day ~~supply~~ course of preexposure prophylaxis to a single patient more than once every two years unless the pharmacist ~~documents, to the extent possible,~~ ensures that the ~~services provided by the pharmacist in the patient's record in the record system maintained by the pharmacy. The pharmacist shall maintain records of preexposure prophylaxis furnished to each~~ patient receives testing and followup care consistent with CDC guidelines.

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

(7) The pharmacist does not furnish more than a ~~60~~ 90-day ~~supply~~ course of preexposure prophylaxis to a single patient more than once every two years, unless directed otherwise by a prescriber.

(8) The pharmacist notifies the patient's primary care provider that the pharmacist completed the requirements specified in this subdivision. If the patient does not have a primary care provider, or refuses consent to notify the patient's primary care provider, the pharmacist shall provide the patient a list of primary care providers in the region.

(f)(1) A pharmacist may furnish preexposure prophylaxis beyond a 90-day course if all of the following conditions are met:

(A) The pharmacist ensures that the patient receives testing and followup care consistent with CDC guidelines, which may include timely testing and treatment, as applicable, for HIV, renal function, hepatitis B, hepatitis C, sexually transmitted diseases, and pregnancy for individuals of childbearing capacity.

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

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

(2) Notwithstanding paragraph (1), this section shall not be construed to expand the scope of practice of a pharmacist beyond that which is authorized by Sections 4052 and 4052.4.

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

(h) The board, by ~~July 1, 2020~~ October 31, 2024, shall adopt emergency regulations to implement this section in accordance with CDC guidelines. The adoption of regulations pursuant to this subdivision shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The board shall consult with the Medical Board of California in developing regulations pursuant to this subdivision.

4052.04.

(a) In addition to the authority provided in Section 4052, a pharmacist may furnish COVID-19 oral therapeutics following a positive test for SARS-CoV-2, the virus that causes COVID-19.

(b) Prior to furnishing COVID-19 oral therapeutics pursuant to subdivision (a), a pharmacist shall utilize relevant and appropriate evidence-based clinical guidelines published by the federal Food and Drug Administration in providing these patient care services.

(c) A pharmacist who furnishes COVID-19 oral therapeutics shall notify the patient's primary care provider, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist shall provide the patient with a written record of the drugs furnished and advise the patient to consult a physician of the patient's choice.

(d) A pharmacist shall document, to the extent possible, the kind and amounts of COVID-19 oral therapeutics furnished pursuant to subdivision (a), as well as information regarding any testing services provided, in the patient's record in the record system maintained by the pharmacy. The records shall be maintained for three years and shall be available for inspection by all properly authorized personnel of the board.

(e) For purposes of this section, "COVID-19 oral therapeutics" means drugs that are approved or authorized by the United States Food and Drug Administration for the treatment of COVID-19 and administered orally.

(f) This section shall remain in effect only until January 1, ~~2025,~~ 2026, and as of that date is repealed.

4069.

A pharmacist who dispenses or furnishes a dangerous drug, as defined in Section 4022, pursuant to a veterinary prescription shall include, as part of the consultation, the option for a representative of an animal patient to also receive drug documentation specifically designed for veterinary drugs.

4076.6.

(a) Upon the request of a patient or patient's representative, a dispenser shall provide translated directions for use, which shall be printed on the prescription container, label, or on a supplemental document. If translated directions for use appear on a prescription container or label, the English-language version of the directions for use shall also appear on the container or label, whenever possible, and may appear on other areas of the label outside the patient-centered area. When it is not possible for the English-language directions for use to appear on the container or label, it shall be provided on a supplemental document.

(b) A dispenser may use translations made available by the board pursuant to subdivision (b) of Section 1707.5 of Title 16 of the California Code of Regulations to comply with this section.

(c) A dispenser shall provide translated directions for use in the languages the board has made available, but shall not be required to provide translated directions for use beyond the

languages that the board has made available or beyond the directions that the board has made available in translated form.

(d) A dispenser may provide ~~his or her~~ their own translated directions for use to comply with the requirements of this section, and nothing in this section shall be construed to prohibit a dispenser from providing translated directions for use in languages beyond those that the board has made available or beyond the directions that the board has made available in translated form.

(e) A dispenser shall be responsible for the accuracy of the English-language directions for use provided to the patient. This section shall not affect a dispenser's existing responsibility to correctly label a prescription pursuant to Section 4076.

(f) ~~For purposes of this section, a dispenser~~ This section does not include prescriptions issued by a veterinarian.

4076.8. Prescription drug labels: accessibility

(a) If a person informs a pharmacy that the person identifies as a person who is blind, has low-vision, or is otherwise print disabled, the dispenser shall provide to the person or their authorized representative, at no additional cost, an accessible prescription label affixed to the container that is all of the following:

(1) Available to the person in a timely manner comparable to other patient wait times and lasting for at least the duration of the prescription.

(2) Appropriate to the disability and language of the person making the request through use of audible, large print, Braille, or translated directions as required pursuant to Section 4076.6.

(3) Conforms to the format-specific best practices established by the United States Access Board and the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, also referred to as the National CLAS Standards.

(b) A dispenser shall ensure that the prescription label is compatible with the prescription reader if a reader is provided.

(c) If the accessible prescription label cannot be affixed to the container because it does not fit on the container, the dispenser, upon dispensing the prescription drug, shall provide the patient or their authorized representative with a supplemental document that meets the requirements specified in this section.

(d) This section does not apply to prescription drugs dispensed and administered by an institutional pharmacy, correctional institution, or licensed correctional pharmacy. However, this section does apply to an institutional pharmacy when providing prescription drugs to a person with a disability for use by the individual upon their release from the health care facility.

(e) This section does not include prescriptions issued by a veterinarian.

(f) The board shall promulgate regulations necessary to implement this section.

(g) As used in this section:

(1) "Institutional pharmacy" means a pharmacy that is part of, or is operated in conjunction with, a health care facility, as defined in Section 1250 of the Health and Safety Code, with the exception of a licensed correctional pharmacy.

(2) "Prescription reader" means a device that is designed to audibly convey the information contained on the label of a prescription drug.

4184.

~~No Schedule II controlled substance shall be dispensed by the clinic. This limitation shall not be construed to prohibit a 253 physician dispensing a Schedule II drug to the extent permitted by law.~~

(a) Except as described in subdivision (b), a Schedule II controlled substance shall not be dispensed by the clinic. This limitation does not prohibit a physician dispensing a Schedule II drug to the extent permitted by law.
(b) A practitioner authorized to prescribe a narcotic drug at a clinic registered with the board pursuant to this chapter and with any necessary federal agencies may dispense that narcotic drug from clinic supply for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral for treatment consistent with Section 1306.07(b) of Title 21 of the Code of Federal Regulations.
(c) A narcotic drug that is dispensed from a clinic's supply pursuant to subdivision (b) is subject to the requirements of subdivision (d) of Section 11165 of the Health and Safety Code, the labeling requirements imposed upon pharmacists by Section 4076, the recordkeeping requirements of this chapter, and all of the packaging requirements of good pharmaceutical practice, including, but not limited to, the use of childproof containers.
(d) A clinic with a supply of narcotic drugs that is being dispensed pursuant to subdivision (b) shall establish policies or procedures for dispensing, including, but not limited to, all of the following:
(1) Assessment of the patient's ability to safely manage and self-administer a narcotic drug for the purposes of treating withdrawal.
(2) Assessment of the patient's appropriateness for medications for opioid use disorder.
(3) Connecting patients to ongoing treatment for opioid use disorder.
(4) Limiting dispensing to patients who return for repeated withdrawal medication to ensure treatment is not renewed or extended.
(e) The dispensing of a narcotic drug shall be performed only by a physician, a pharmacist, or other person lawfully authorized to dispense drugs, and only in compliance with all applicable laws and regulations.
(f) It is the intent of the Legislature that a clinic from which narcotic drugs are dispensed operate under appropriate registration and licensing and prioritize safe and secure storage, including any inventory reconciliation methodology, consistent with regulations, to prevent loss or diversion of controlled substances.

CHAPTER 42. Grocery and Pharmacy Establishment Closures

22949.92.

For purposes of this chapter, the following definitions apply:
(a)(1) "Covered establishment" includes a grocery establishment or a pharmacy establishment.
(A) "Grocery establishment" means a retail store operating in this state that meets both of the following requirements:
(i) The retail store sells primarily household foodstuffs for offsite consumption, including, but not limited to, the sale of fresh produce, meats, poultry, fish, deli products, dairy products, canned foods, dry foods, beverages, baked foods, or prepared foods.
(ii) The sale of any other household supplies or other products by the retail store is secondary to the primary purpose of food sales.
(B) "Pharmacy establishment" means a pharmacy as defined in Section 4037 that meets all of the following requirements:
(i) The pharmacy is a chain community pharmacy or an independent community pharmacy as defined in Section 4001.
(ii) The pharmacy is open to the public.
(iii) The pharmacy is not owned by a health facility as defined in Section 1250 of the Health and Safety Code.
(iv) The pharmacy is not a part of a fully integrated delivery system. For purposes of this clause, a "fully integrated delivery system" means a system that includes a

physician organization, health facility or health system, and a nonprofit health care service plan that provides health care services to enrollees in a specific geographic region of the state through an affiliate hospital system and an exclusive contract between the nonprofit health care service plan and a single physician organization in each geographic region to provide those medical services.

(2) Nothing in clause (iii) or (iv) of subparagraph (B) of paragraph (1) shall be construed as exempting a chain community pharmacy as defined in Section 4001 from this chapter. However, a pharmacy location owned and operated by a physician organization, health facility or health system, and a nonprofit health care service plan that is part of a fully integrated delivery system is not a store as described in Section 4001.

(b) "Closure" means the cessation or substantial cessation of industrial or commercial operations by a covered establishment.

22949.92.1.

(a) A covered establishment shall, no later than 45 days before a closure of the covered establishment takes effect, perform all of the following acts:

(1)(A) Provide written notice of the closure to all of the following persons or entities:

(i)(I) The employees of the covered establishment affected by the closure and their authorized representatives if the covered establishment employs more than five employees.

(II) Notwithstanding any other provision of this subdivision, a covered establishment that employs five or fewer employees shall, no later than 30 days before a closure of the covered establishment takes effect, provide written notice of the closure to the employees of the covered establishment affected by the closure.

(ii) The Employment Development Department.

(iii) The State Department of Social Services.

(iv) The local workforce development board of any city and county government within which the closure occurs.

(v) The chief elected official of each city and county government within which the closure occurs.

(vi) The California State Board of Pharmacy, if the covered establishment is a pharmacy establishment.

(B) Notwithstanding any other provision of this subdivision, a covered establishment that is a pharmacy as defined in Section 4037, is owned by a person or entity who owns 15 or fewer pharmacies nationwide, and is not a covered establishment as defined in subdivision (a) of Section 1400.5 of the Labor Code shall not be required to provide written notice pursuant to subparagraph (A) to any of the following persons or entities:

(i) The Employment Development Department.

(ii) The State Department of Social Services.

(iii) The local workforce development board of any city and county government within which the covered establishment is located.

(iv) The chief elected official of each city and county government within which the covered establishment is located.

(C) Notwithstanding any other provision of this subdivision, a covered establishment that is a grocery establishment as defined in subdivision (a) of Section 22949.92, is owned by a person or entity who owns 15 or fewer grocery establishments nationwide, and is not a covered establishment as defined in subdivision (a) of Section 1400.5 of the Labor Code shall not be required to provide written notice pursuant to subparagraph (A) to any of the following persons or entities:

(i) The Employment Development Department.
(ii) The local workforce development board of any city and county government within which the covered establishment is located.
(iii) The chief elected official of each city and county government within which the covered establishment is located.
(D) Notwithstanding any other provision of this subdivision, a covered establishment that is also a covered establishment as defined in subdivision (a) of Section 1400.5 of the Labor Code shall only be considered in compliance with the requirements of clauses (ii), (iv), and (v) of subparagraph (A) if the covered establishment provides a written notice as required and pursuant to the timeframe specified in Section 1401 of the Labor Code.
(2)(A) Post a written notice of the closure in a conspicuous location at the entrance to the covered establishment's premises that includes the planned closure date of the covered establishment.
(B) If the covered establishment is a pharmacy establishment regardless of the number of employees, the written notice described in subparagraph (A) shall also include both of the following:
(i) The name, address, and contact information of the pharmacy establishment where any prescriptions will be transferred.
(ii) The phone number, email address, or internet website where patients may obtain information regarding the process of transferring the prescription to a pharmacy establishment of the patient's choosing.
(3) Take reasonable steps to provide a written notice of the closure in at least one form other than the forms described in paragraphs (1) and (2) that is in a form in which the covered establishment regularly communicates or advertises to its consumers, if the covered establishment is a grocery establishment, or to its patients, if the covered establishment is a pharmacy establishment.
(b) Except as otherwise required under Section 1401 of the Labor Code or any other provision of the law, a covered establishment shall not be required to provide notice pursuant to this section if either of the following circumstances applies:
(1) A closure is necessitated by a physical calamity or act of war.
(2) The closure is caused by business circumstances that were not reasonably foreseeable at the time that notice would have been required.
(c)(1) A covered establishment that violates this section shall be subject to a civil penalty not to exceed ten thousand dollars ($10,000) for each closure, to be assessed and collected in a civil action brought by any person injured by the violation or in a civil action brought in the name of the people of the State of California by the Attorney General, a district attorney, or a city attorney where the covered establishment was located.
(A) In assessing the amount of the civil penalty, the court shall consider relevant circumstances presented by the parties to the case, including, but not limited to, the following circumstances:
(i) The nature and severity of the misconduct.
(ii) The number of violations.
(iii) The length of time over which the misconduct occurred, and the persistence of the misconduct.
(iv) The willfulness of the misconduct.
(v) The defendant's assets, liabilities, and net worth.
(vi) The number of employees employed by the defendant.

(B)(i) If the Attorney General brings the action, one-half of the civil penalty collected shall be paid to the treasurer of the county in which the judgment was entered, and one-half shall be paid to the General Fund.

(ii) If a district attorney brings the action, the civil penalty collected shall be paid to the treasurer of the county in which the judgment was entered.

(iii) If a city attorney brings the action, one-half of the civil penalty collected shall be paid to the treasurer of the city in which the judgment was entered, and one-half shall be paid to the treasurer of the county in which the judgment was entered.

(C) The court shall grant a prevailing plaintiff reasonable attorney's fees and costs.

(2)(A) An employee that does not receive written notice by a covered establishment in violation of this section is entitled to recover in a civil action an additional sum payable as liquidated damages in the amount of one hundred dollars ($100) per employee for each day the rights of an employee under this section are violated and continuing until the violation is cured.

(B) An employee shall only be entitled to either recover the liquidated damages provided for in this paragraph or to enforce a civil penalty as set forth in Section 1403 of the Labor Code, but not both, for the same violation.

(3) Notwithstanding any other provision of this subdivision, a person shall have no right to bring a private cause of action against a covered establishment for a violation of paragraph (3) of subdivision (a).

(d) Except as provided in subparagraph (B) of paragraph (2) of subdivision (c), this section does not preempt or alter any other rights or remedies, including any causes of action, available under any other federal or state law.

Health and Safety Code

1342.75. Health Care Service Plans Coverage of Medication-assisted treatment

(a) Notwithstanding any other law, a group or individual health care service plan offering an outpatient prescription drug benefit shall provide coverage for at least one medication approved by the United States Food and Drug Administration in each of the following categories without prior authorization, step therapy, or utilization review:

(1) Medication for the reversal of opioid overdose, including a naloxone product or another opioid antagonist.

(2) Medication for the detoxification or maintenance treatment of a substance use disorder, including a daily oral buprenorphine product.

(3) A long-acting buprenorphine product.

(4) A long-acting injectable naltrexone product.

(b) This section does not prohibit a health care service plan from selecting an AB-rated generic equivalent, biosimilar, as defined in Section 262(i)(2) of Title 42 of the United States Code, or interchangeable biological product, as defined in Section 262(i)(3) of Title 42 of the United States Code, to meet the requirements of subdivision (a).

11158.

(a) Except as provided in Section 11159 or in subdivision (b) of this section, no controlled substance classified in Schedule II shall be dispensed without a prescription meeting the requirements of this chapter. Except as provided in Section 11159 or when dispensed directly to an ultimate user by a practitioner, other than a pharmacist or pharmacy, no controlled substance classified in Schedule III, IV, or V may be dispensed without a prescription meeting the requirements of this chapter.

(b) A practitioner specified in Section 11150 may dispense ~~directly to an ultimate user~~ a controlled substance classified in Schedule II, which may be from a hospital pharmacy inventory, directly to an ultimate user in either of the following circumstances:

(1) In an amount not to exceed a 72-hour supply for the patient in accordance with directions for use given by the dispensing practitioner only where the patient is not expected to require any additional amount of the controlled substance beyond the 72 hours. ~~Practitioners dispensing drugs pursuant to this subdivision shall meet the requirements of subdivision (f) of Section 11164.~~

(2) For the purpose of initiating maintenance treatment or detoxification treatment, or both, for a person with an opioid use disorder. Not more than a three-day supply of such medication may be dispensed to the person at one time while arrangements are being made for referral for treatment. Such emergency treatment may not be renewed or extended.

(c) Except as otherwise prohibited or limited by law, a practitioner specified in Section 11150, may administer controlled substances in the regular practice of ~~his or her~~ their profession.