California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

LICENSING COMMITTEE REPORT

Seung Oh, PharmD, Licensee Member, Chairperson
Trevor Chandler, Public Member, Vice-Chairperson
Renee Barker, PharmD, Licensee Member
Jessica Crowley, PharmD, Licensee Member
Claudia Mercado, Public Member
Satinder Sandhu, PharmD, Licensee Member

a. **Discussion and Consideration of Title 16, California Code of Regulations, Section 1793.8, Technicians in Hospitals with Clinical Pharmacy Programs, Including Summary of Presentations Received**

Relevant Law
BPC 4038 defines "pharmacy technician" to mean an individual who assists a pharmacist in a pharmacy in the performance of his or her pharmacy related duties, as specified in BPC 4115.

BPC 4115 specifies that a pharmacy technician may perform packaging, manipulative, repetitive, or other nondiscretionary tasks only while assisting, and while under the direct supervision and control of, a pharmacist. Further, this section provides that in a health care facility licensed under subdivision (a) of section 1250 of the Health and Safety Code, a pharmacy technician's duties may include any of the following:

- Packaging emergency supplies for use in the health care facility and the hospital's emergency medical system or as authorized under BPC 4119.
- Sealing emergency containers for use in the health care facility.
- Performing monthly checks of drug supplies stored throughout the health care facility.

Title 16, CCR section 1793.2 specifies that the term "nondiscretionary tasks" as used in BPC 4115 includes:

- Removing the drug from stock
- Counting, pouring, or mixing pharmaceuticals
- Placing the product into a container
- Affixing labels to the container
- Packaging and repackaging

BPC 4118.5 provides authority for a pharmacy technician to perform the task of obtaining an accurate medication profile or list for a high-risk patient upon the patient's admission to a hospital under specified conditions.

Title 16, CCR section 1793.8 establishes provisions for a general acute care hospital (as defined in subdivision (a) of Health and Safety Code section 1250) that has an ongoing clinical pharmacy program to allow a pharmacy technician to check the work of another pharmacy technician in connection with the filling of floor and ward stock and unit dose distribution systems under specified conditions.

Background
Beginning in 2022, the Licensing Committee began a comprehensive review of the authorized duties of a pharmacy technician. The Committee's efforts included conducting listening sessions and a pharmacy technician summit. At that time, the listening sessions focused primarily on the community pharmacy setting. Following analysis and consideration by the Board, the Board sought changes to expand the authorized duties of a pharmacy technician. These expanded duties primarily focused on duties a pharmacy technician performs in the outpatient or community pharmacy setting.

Summary of Committee Discussion
Continuing its work in assessing authorized duties for pharmacy technicians, during the meeting members received presentations from several hospitals including:
1. Stanford Health Care
2. Cedars-Sinai Medical Center
3. UC San Diego Health
4. Kaiser Permanente Enterprise Pharmacy

Each of the presentations discussed the critical role pharmacy technicians play within each of their respective hospitals in supporting pharmacists and patient care services. Presenters discussed the role of technology in assisting pharmacy technicians in performing duties related to medication use, including, for example, the stocking of automated dispensing cabinets used to manage floor stock in patient care areas, sterile compounding activities, and the use of "tech check tech." The presentations also covered more expansive roles that pharmacy technicians are providing including inventory management, medication reconciliation, and prior authorizations.

Following the presentations, member engaged in a robust dialogue on the topic of pharmacy technician duties in a hospital setting. Members spoke in support of evaluating the current legal requirements that authorize pharmacy technician duties in a hospital setting to determine if the current regulations are appropriate or if an alternative approach may be appropriate. Members considered if deferring some of the provisions to a hospital's policies and procedures may be an approach to consider related to authorized duties for pharmacy technicians.

Members noted the broad spectrum of differing hospital settings and practices. Members generally appeared to reach consensus that broader allowance for authorized duties for pharmacy technicians in hospital settings appears appropriate and could further support pharmacists expanding their role in clinical patient care services.

Public comment suggested that there appears to be a move nationally to redefine authorized duties of a pharmacy technician by detailing the prohibited duties versus an approach of detailing out authorized duties. Public comment also sought to understand the impacts of compliance with federal requirements surrounding the Drug Supply Chain Security Act as well as comments regarding hiring practices of some pharmacies.

The Committee will continue its discussion and consideration at its next scheduled meeting.

Attachment 1 includes copies of the presentation slides.

b. **Discussion and Consideration of Pharmacist to Pharmacy Technician Ratio in the Inpatient Setting**

Relevant Law
BPC 4115 establishes the general conditions under which a pharmacy may use a pharmacy technician. The section provides that the ratio of pharmacists to pharmacy technicians established in subdivision (g) is applicable to all practice settings, except for an inpatient of a licensed health facility, a patient of a licensed home health agency, an inmate of a correctional facility of the Department of Corrections and Rehabilitation, and for a person receiving treatment in a facility operated by other specified state departments.

Title 16, CCR section 1793.7 establishes a ratio of not less than one pharmacist on duty for a total of two pharmacy technicians on duty for the preparation of a prescription for an inpatient of a licensed health facility and for a patient of a licensed home health agency.

Background
In 2024, the Licensing Committee released a survey related to the pharmacist to pharmacy technician ratio. The results of the survey were discussed during the July 2024 Licensing Committee meeting. The survey results differentiated the results between the institutional and non-institutional settings.

Following discussion of the survey results, the Board included as part of its 2025 Sunset Oversight Review Report a recommended statutory change to increase the ratio in the non-institutional setting.

During the meeting, members considered the current ratio requirements established in 16 CCR section 1793.7. Members referenced the ratio changes being sought in the community setting in the Board's sunset bill, Assembly Bill 1503 (Berman, 2025), which will establish some flexibility to increase the ratio as determined by the PIC.

Members generally spoke in support of such an approach in the inpatient setting. Members also noted that it may also be appropriate to consider the variability in roles pharmacy technicians serve in the inpatient setting and draw distinctions with the ratio.

Public comment spoke in support of providing flexibility to hospitals in determining ratio requirements.

Attachment 2 includes a copy of relevant slides from the survey conducted last year.

c. **Discussion and Consideration of Proposed Changes to Application Questions for Individual Licenses**

Background
The federal Lorna Breen Health Care Provider Protection Act, Public Law No. 117-105 (Act) was enacted in March 2022 and aims to address mental health challenges faced by health care professionals. The Act includes several components with the goal of reducing stigma, enhancing support systems, and ultimately improving the wellbeing of health care workers.

In support of the Act, the Wellbeing First Champion Challenge program provides recommendations to licensing boards, hospitals, and health systems on wording for applications for health care professions so that the applications are free of intrusive mental health questions and stigmatizing language. It is recommended that the Board update application questions consistent with the recommendations. Three recommendations are offered for licensing boards to consider.

1. Ask one question that addresses all mental and physical health conditions as one, with no added explanations, asterisks, or fine print.
2. Refrain from asking probing questions about the applicant's health altogether.
3. Implement an Attestation Model that uses supportive language around mental health.

Staff note that the pharmacy technician application is incorporated by reference in regulation. As such, a formal rulemaking will be necessary to finalize changes to the pharmacy technician application.

Following implementation of revised applications, the Board can pursue the "Wellbeing First Champion Badge," which serves as a visual recognition for health care workers that licensing boards prioritize their mental health and wellbeing – removing a substantial barrier to mental health care access.

Related to this issue, the American Society of Health-System Pharmacists provides resources on its website.

<u>Current Impairment or Limitation Question on the Individual Applications</u>
Provided below is the current application language and questions related to this issue.

The Board makes an individualized assessment of the nature, the severity, and the duration of the risks associated with any identified condition to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether the applicant is not qualified for licensure. If the Board is unable to make a determination based on the information provided, the Board may require an applicant to be examined by one or more physicians or psychologists, at the Board's cost, to obtain an independent evaluation of whether the applicant is able to safely practice despite the mental illness or physical illness affecting competency. A copy of any independent evaluation would be provided to the applicant.

A. *Have you ever been diagnosed with an emotional, mental, or behavioral disorder that may impair your ability to practice safely?*
   Yes _____ No_____ **If Yes, attach a statement of explanation**.

B. *Have you ever been diagnosed with a physical condition that may impair your ability to practice safely?*
   Yes _____ No_____ **If Yes, attach a statement of explanation**.

C. *Do you have any other condition that may in any way impair or limit your ability to practice safely?*
   Yes _____ No_____ **If Yes, attach a statement of explanation**.

D. *Have you ever participated in, been enrolled in, or required to enter into any drug, alcohol, or substance abuse recovery program or impaired practitioner program?*
   Yes _____ No_____ **If Yes, attach a statement of explanation**.

E. *If you answered "Yes" to questions listed under 8 (A through D) above, have you ever received treatment or participated in any program that improves your ability to practice safely?*
   Yes _____ No_____ N/A_____ **If Yes, attach a statement of explanation.**

During the Committee's October 2024 meeting, members considered proposed changes to the application questions to align with the recommendations. Provided below is revised language approved by the Committee and Board.

The Board makes an individualized assessment of the nature, the severity, and the duration of the risks associated with any identified condition to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether the applicant is not qualified for licensure. If the Board is unable to make a determination based on the information provided, the Board may require an applicant to be examined by one or more physicians or psychologists, at the Board's cost, to obtain an independent evaluation of whether the applicant is able to safely practice despite the mental illness or physical illness affecting competency. A copy of any independent evaluation would be provided to the applicant.

1. *Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice pharmacy in a competent, ethical, and professional manner?*

   Yes _____ No_____ **If Yes, attach a statement of explanation.**

2. *Have you ever participated in, been enrolled in, or been required to enter into any drug, alcohol, or substance abuse recovery program or impaired practitioner program?*

   Yes _____ No_____ **If Yes, attach a statement of explanation.**

Since that time, staff submitted the draft intern pharmacist application for review and feedback from the Dr. Lorna Breen Heroes' Foundation (Foundation). Based on their review, it is recommended that the Board remove question two above. Their analysis included that the question:

"is overly broad and invasive, and may discourage applicants from seeking treatment. Additionally, it is duplicative, as applicants are already asked about any current conditions that would impair or adversely affect their judgment or their ability to practice pharmacy in a competent, ethical, and professional manner.

One of the primary reasons pharmacists, pharmacist interns, pharmacy technicians, and other healthcare professionals do not seek care is the fear that they will have to disclose it to a licensing board or future employer. If the applicant has been previously treated for a drug, alcohol or substance use disorder, or is currently receiving care, the care provider typically has

obligations to report or intervene if there is a current threat to patient safety. In a past-treatment context, the existence of past treatment is not an indicator of future performance. And if there is ongoing treatment, it is likely that either the Board already is aware, or the treating professional has imposed limitations that would need to be disclosed under other required disclosures on the application. Requiring disclosure of treatment when there is no current impairment is one of the primary reasons why pharmacists, pharmacist interns, pharmacy technicians, and other healthcare professionals do not seek care. Fear and stigma are powerful, and including this question will deter treatment and arguably not benefit the institution."

Summary of Committee Discussion
Due to time constraints, discussion on this agenda item was deferred to a future meeting.

d. **Summary of Presentation, Discussion, and Consideration of Results of the Pharmacist and Pharmacy Technician Workforce Surveys**

Background
As part of the Board's last sunset review, the Board committed to conducting a survey to gain a better understanding of working conditions. The Board completed a workforce study in 2021. The results of the study were released in December 2021.

Since that time, the Board sponsored legislation, AB 1286 (Haney, Chapter 470, Statutes of 2023), that sought to address some of the working condition issues raised by the initial survey results.

During its October 2024 meeting, members determined it was appropriate to release a new survey to gain a better understanding of current working conditions in the community pharmacy setting. The Board determined that it would be appropriate to release a survey soliciting feedback from pharmacists and a second survey soliciting feedback from pharmacy technicians.

Board staff again partnered with experts with the Office of Professional Examination Services to prepare the results of the survey.

Summary of Committee Discussion
Due to time constraints, discussion on this agenda item was deferred to a future meeting.

e. **Discussion and Consideration of Licensing Statistics**

Licensing statistics for the first 11 months of FY 2024/25 (July 1, 2024 – May 31, 2025) are provided in **Attachment 3**.

During the timeframe, the Board has received 1,3022 <u>initial</u> applications, including:
- 1,239 intern pharmacists
- 2,655 pharmacist exam applications (1,465 new, 1,190 retake)
- 150 advanced practice pharmacists
- 5,460 pharmacy technicians
- 718 community pharmacy license applications (347 chain, 371 nonchain)
- 77 sterile compounding pharmacy license applications (62 LSC, 14 NSC, 1 SCP)
- 116 nonresident pharmacy license applications
- 12 hospital pharmacy license applications

During the timeframe, the Board has received 9 requests for <u>temporary</u> individual applications (Military Spouses/Partners), including:
- 8 temporary pharmacy technicians
- 1 temporary pharmacist

During the timeframe, the Board has received 902 requests for <u>temporary</u> site license applications, including:
- 664 community pharmacy license applications
- 54 sterile compounding pharmacy license applications
- 81 nonresident pharmacy license applications
- 10 hospital pharmacy license applications

During the timeframe, the Board has issued 8,542 individual licenses, including:
- 1,205 intern pharmacists
- 1,352 pharmacists
- 131 advanced practice pharmacists
- 5,280 pharmacy technicians

During the timeframe, the Board has issued 7 <u>temporary</u> individual applications (Military Spouses/Partners), including:
- 7 temporary pharmacy technicians

During the timeframe, the Board has issued 645 site licenses without temporary license requests, including:
- 170 automated drug delivery systems (167 AUD, 3 APD)
- 105 community pharmacies
- 1 hospital pharmacy

During the timeframe, the Board has issued 805 <u>temporary</u> site licenses, including:
- 622 community pharmacies
- 15 hospital pharmacies

Site Application Type	Application Processing Times as of 4/1/2025	Application Processing Times as of 6/2/2025	Deficiency Mail Processing Times as of 4/1/2025	Deficiency Mail Processing Times as of 6/2/2025
Pharmacy	29	33	47	49
Nonresident Pharmacy	39	34	64	61
Sterile Compounding	7	33	67	52
Nonresident Sterile Compounding	7	13	74	95
Outsourcing	Current	Current	Current	Current
Nonresident Outsourcing	33	Current	Current	18
Hospital Satellite Compounding Pharmacy	Current	45	Current	Current
Hospital	Current	27	Current	Current
Clinic	8	24	33	32
Wholesaler	Current	12	33	46
Nonresident Wholesaler	4	31	33	62
Third-Party Logistics Provider	Current	Current	14	32
Nonresident Third-Party Logistics Provider	12	39	28	45
Automated Drug Delivery System	25	Current	Current	Current
Automated Patient Dispensing System	Current	Current	Current Combined with ADD	Current Combined with ADD
Emergency Medical Services Automated Drug Delivery System	Current	Current	Current Combined with ADD	Current Combined with ADD

Individual Application Type	Application Processing Times as of 4/1/2025	Application Processing Times as of 6/2/2025	Deficiency Mail Processing Times as of 4/1/2025	Deficiency Mail Processing Times as of 6/2/2025
Exam Pharmacist	8	14	Current	5
Pharmacist Initial Licensure	Current	Current	Current	Current
Advanced Practice Pharmacist	6	6	Current	Current
Intern Pharmacist	7	13	Current	6
Pharmacy Technician	22	27	8	18
Designated Representative	5	14	Current	Current
Designated Represenatives-3PL	6	13	Combined with Designated Representative	Combined with Designated Representative
Designated Representatives-Reverse Distributor	Current	Current	Combined with Designated Representative	Combined with Designated Representative
Designated Paramedic	Current	Current	Combined with Designated Representative	Combined with Designated Representative

Summary of Committee Discussion
Due to time constraints, discussion on this agenda item was deferred to a future meeting.

Attachment 1A
Stanford Presentation

Evolving Roles of Pharmacy Technicians in the Health System Setting

Presentation to the CA State Board of Pharmacy
June 12, 2025

Janjri Desai, PharmD, MBA – Executive Director of Pharmacy
Evelyn Talbert, CPhT – Inpatient Pharmacy Technician Manager
Stanford Health Care

Historical Context

Pharmacy Landscape

- **Many standalone hospitals and independent vs. chain retail pharmacies previously existed**

- **Technician roles were more commonly related to dispensing & distribution of medications**

Inpatient Operations

Medication Procurement	Medication Preparation	Medication Dispensing & Distribution
• Developing and maintaining inventory PAR levels • Placing medication orders to wholesaler • Receiving and restocking medications	• Manual repackaging of bulk medications • Compounding: sterile & non-sterile	• Drug delivery to patient care areas (e.g. cart fill) • Maintaining floor stock on nursing units • Loading & restocking automated dispensing cabinets

Present Day

Stanford MEDICINE | Health Care

Growing Complexity of the Healthcare Landscape Leads to New Roles for Technicians

- **Automation**

  - Rise of new technologies that automate many dispensing and preparation functions

- **Financial Drivers**

  - Organizations are incentivized to keep patients out of the hospital or to discharge them as quickly due to capitated payment models
  - Ambulatory care is a significant source of revenue so very few stand-alone hospitals exist; most are now integrated health systems
  - With ever-rising pharmaceutical costs, prior authorizations and patient assistance programs are necessary to ensure medication affordability for patients but the workflows are highly manual

- **Compliance Needs**

  - Title 22 mandates crash cart checks and clinic inspections
  - Enhanced USP <795/797/800> chapters increased compliance requirements to meet compounding standards
  - DEA is becoming increasingly stringent with enforcement of controlled substance regulations
  - Many organizations now qualify for 340B, a national drug discount program, which requires significant monitoring and compliance

Health System Operations

Procurement, Drug Preparation, & Dispensing

- Place medication orders to wholesaler
- Receive and restock medications in accordance with DSCSA
- Compounding: sterile & non-sterile
- Load & restock automated dispensing cabinets
- Utilize Tech-check-Tech to check packaged medications
- Utilize Kitcheck to prepare OR boxes and anesthesia workstation tray exchange
- Chain of Custody Technicians provide white-glove service to assigned floors/units
  - Triage MAR messages
  - Time drips/perform drip rounds
  - Troubleshoot missing medications and deliver medications

Clinical Support & Medication Access

- Collect medication histories
- Submit prior authorization for patients
- Investigate prescription benefit coverage for patients
- Explore and enroll patients in patient assistance programs

Automation & Analytics

- Operate & troubleshoot pharmacy automation systems
- Develop and monitor ADC reports to optimize inventory and limit waste
- Operate automation for prepacking, and drug storage
- Leverage inventory management systems to streamline inventory management and support more efficient procurement practices

Compliance & Business Operations

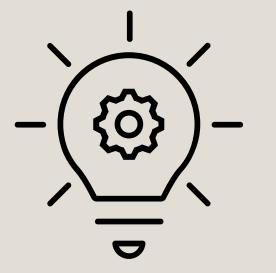| Title 22 & USP Compliance	Controlled Substance Diversion Prevention	340B/Finance, Revenue Cycle, Contracting
• Perform crash cart checks • Perform enterprise-wide clinic inspections • Provide sterile & non-sterile compounding education, competency testing, and surveillance	• Perform surveillance utilizing diversion prevention tools/software • Perform controlled substance reconciliation	• Maintain charge master • Review, negotiate, and optimize contracts • Report relevant financial metrics to the organization (e.g. unit of service) • Support billing integrity & compliance • Support submission of waste billing claims to CMS • Perform 340B compliance audits

The Future is Bright!

Attachment 1B
Cedars-Sinai Medical Center Presentation

Inpatient Pharmacy Technician Roles

Rita Shane, Pharm.D., FASHP, FCSHP

Vice President and Chief Pharmacy Officer

Professor of Medicine

Cedars-Sinai Medical Center

Associate Dean, Clinical Pharmacy, UCSF School of Pharmacy

Cedars Sinai

cedars-sinai.org
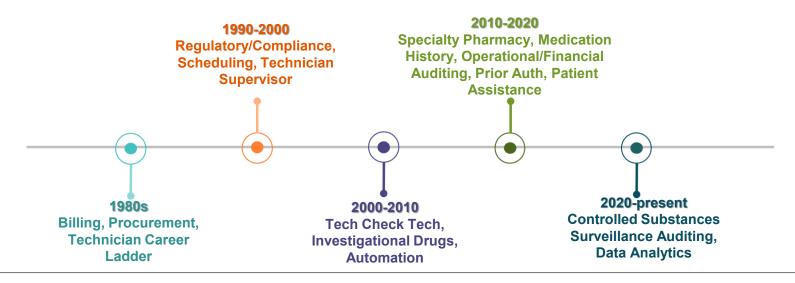
Cedars-Sinai Medical Center

- Non-profit, acute quaternary teaching hospital in Los Angeles, CA

- 915 licensed beds

  - 150 intensive care unit beds

- Level I Trauma center and Stroke Center

- Department of Pharmacy Services:

  - Decentralized Clinical Pharmacy Services

  - Emergency Department and Operating Room Services

  - Critical Care & Pediatric Services

  - Transition of Care Services

  - Comprehensive Oncology Services

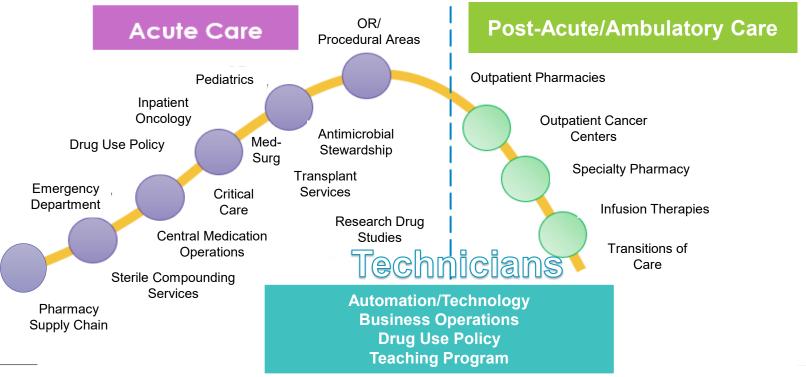 - Specialty/Retail Pharmacy Services

Cedars-Sinai
Evolution of Pharmacy Technician Roles

- Growing demand for pharmacists' clinical roles shifted traditional technician roles to support operational areas
- Technician Career Ladder implemented in 1989 to support inpatient technician advancement
- Implementation of technology/automation (automated dispensing cabinets, electronic health record, etc)
- Evolution of enhanced patient care roles (medication history, medication access, etc)

1990-2000
Regulatory/Compliance, Scheduling, Technician Supervisor

2010-2020
Specialty Pharmacy, Medication History, Operational/Financial Auditing, Prior Auth, Patient Assistance

1980s
Billing, Procurement, Technician Career Ladder

2000-2010
Tech Check Tech, Investigational Drugs, Automation

2020-present
Controlled Substances Surveillance Auditing, Data Analytics

Dimensions of Cedars-Sinai Pharmacy Services

Acute Care

Post-Acute/Ambulatory Care

Pharmacy Supply Chain

Emergency Department

Drug Use Policy

Sterile Compounding Services

Central Medication Operations

Critical Care

Med-Surg

Inpatient Oncology

Pediatrics

Transplant Services

Antimicrobial Stewardship

Research Drug Studies

OR/Procedural Areas

Outpatient Pharmacies

Outpatient Cancer Centers

Specialty Pharmacy

Infusion Therapies

Transitions of Care

Technicians

Automation/Technology
Business Operations
Drug Use Policy
Teaching Program

Cedars Sinai

Cedars-Sinai Technician Focus: Competency and Career Advancement

Competency

Competency assessed during interview, probationary period and on an ongoing basis

$\geq$90% score on competency exam: general knowledge of medications and math before the end of probationary period

Area specific competencies to support knowledge, skills, abilities

Technician Career Ladder established 1989

Goal: Support advancement based on additional roles/responsibilities

3 Levels

-Entry Level is Level 1

-PTCB required for Level III

Advanced Roles

Initially developed to support medication use process and pharmacy operations

Training and ongoing monitoring evaluation to support quality and safety

Supports leveraging pharmacists for patient care functions and creates career pathway for technicians

Cedars-Sinai Advanced Technician Roles

Automation/Technology

Controlled Substance Surveillance

Data Analyst

Financial Auditing

Investigational Drug Services

Medication History/Transitions of Care

Pharmacy Billing

Prior Authorization & Patient Assistance

Purchasing

Regulatory Compliance

Specialty Pharmacy

Supervisor

Tech Check Tech

Technician Schedulers

Advances in California Technician Practice

Technicians in Hospitals with Clinical Pharmacy Programs
Tech Check Tech

1793.8. Requirements

- Specialized and advanced training

- Ongoing evaluation to ensure quality

CSMC Requirements

- Written exam with passing score of >90%

- Practical certification: accuracy rate of 99.8% with annual re-certification

- Monthly random audits

Hospital Pharmacies: Medication Lists for High-Risk Patients

4118.5. a pharmacy technician …may perform the task of obtaining an accurate medication profile or list for a high-risk patient

Requirements

- Quality assurance program to monitor competency

- Policies and procedures

- Completion of training and proctoring

Cedars Sinai

Medication History/Transition of Care Pharmacy Technicians

Role & Responsibilities

- Medication histories for high-risk patients including inpatients and ED geriatric patients
- Contact discharged patients who have issues with obtaining discharge prescriptions and triage medication issues to Transitions of Care pharmacist for resolution.
- Obtain Skilled Nursing Facility medication records on admission to update prior to admission list and post-discharge to compare to discharge list

Value to Organization

- Expand the number of patients reached to reduce transitions of care medication-related harm
- Free up pharmacist time for discharge medication review and post-discharge follow up
- Free up nursing time for patient care functions

Cedars Sinai

National Initiatives Supporting Technician Development and Advancement

Cedars Sinai

cedars-sinai.org

National Technician Career Advancement Initiatives

Certification: Pharmacy Technician Certification Board

Credentials

Professional Certifications

Continuing Education

Pharmacy Technician Certification Board (PTCB) Credentials

National Certified Pharmacy Technician

National Certified Pharmacy Technician Educator Certification

Expertise in compounded sterile preparation practice

Advanced Certified Pharmacy Technician

The Pharmacy Technician Society (TPTS): Certificates for Technicians

Practical Training in Compounding Sterile Preparations Certificate

PTCB-recognized sterile compounding education/training program for pharmacy technicians pursuing the PTCB Compounded Sterile Preparation Technician (CSPT®) certification.

Controlled Substance Diversion Prevention for Pharmacy Technicians

Designed based on the domains, tasks, and knowledge statements developed by PTCB for their Assessment-Based Certificate Program in Controlled Substances Diversion Prevention.

Billing and Reimbursement for Pharmacy Technicians

Designed based on the domains, tasks, and knowledge statements developed by PTCB for their Assessment-Based Certificate Program in Billing and Reimbursement.

Medication History-Taking Certificate

The Medication History-Taking Certificate is designed to equip pharmacy technicians for the important role as medication history-takers, and to prepare them for the PTCB Medication History Certificate exam.

Cedars Sinai

The Pharmacy Technician Society (TPTS) Recognized Advanced Roles

- Key characteristics of current and evolving advanced pharmacy technician practice models include training through an ASHP/ACPE-accredited program, PTCB certification, and registration with a Board of Pharmacy.

- TPTS supports and provides various certification programs for advance technician roles.

Ambulatory Medication Prior Auth Coordinator	Business Ops Technician	Business Systems Analyst	Clinical Pharmacy Services Technician	Discharge Pharmacy Technician	Medication History Technician
Informatics Technician	Investigational Drug Service Specialist	Lead Pharmacy Technician	Oncology Care Model Financial Specialist	Pharmacy Analyst	Pharmacy Medication Access Service
Prior Auth	Pharmacy Purchaser	Primary Care Clinical Services	Tech-check-tech	Telepharmacy Clinical Pharmacy Tech	Sterile Compounding Coordinator

Cedars Sinai

Growing Needs and Opportunities

Increase in patient-centered roles to support medication access and adherence especially for complex therapies

Data analytics and data scientist roles to manage data

Medication safety education

Post-acute patient/family medication-related follow up, i.e. side effect assessment, lab monitoring reminders

Attachment 1C
UC San Diego Health

Inpatient Pharmacy Technician Duties

- Sterile and non-sterile compounding
- Managing and maintaining stock including inventory in automated unit dose system
- Filling patient specific orders
- Controlled substances distribution from Pharmacy to automated unit dose dispensing systems and ensuring quality assurance in process

Sterile Compounding

- Hazardous

- Non-hazardous

- Can be a Designated Person (DP) or assigned trainer per USP

- Compounding quality tests

- Automation oversight

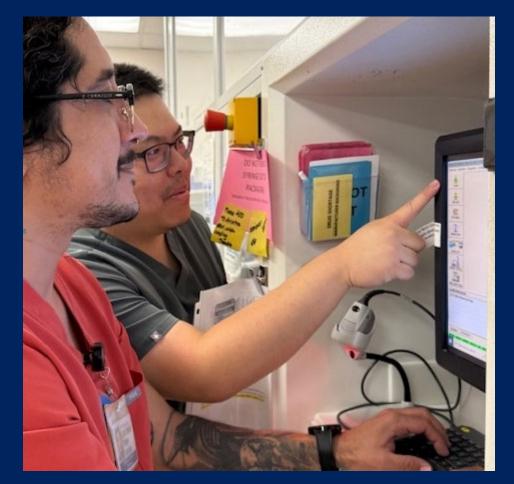- Supervision by pharmacist

Managing Stock

- Purchasing
  - Review of inventory and par levels
  - Assist in drug shortage mitigation strategies
- Automated unit dose system functions:
  - Deliver to specific patient care area automated unit dose system (AUDS) to
  - Place barcode scanned product into the individual AUDS pocket

Filling Patient Specific Orders

- Daily list of compounded, patient specific unit dose packages, and liquid dose oral syringes is generated by computer for workload management

- Pharmacy tech completes these duties under supervision of pharmacist

Controlled Substance Distribution

- Use automated unit dose system on-hand quantities and par levels to identify replacement levels

- Removed from automated central vault with oversight and count by supervising pharmacist

- Review transactions for follow-up and guidance to user

Best Possible Medication Histories (BPMH)

- Review patient medication history and current medication list

- Consult with patient, designated care givers, and review pharmacy dispensing data to update and ensure medication list is accurate

- Validate findings with pharmacist

Managing Tech to Pharmacist Ratios

- Daily schedule is planned around minimum pharmacist staff numbers

- Use predefined staffing plan as template

- Managers and PIC finalize schedule before posting to ensure ratios meet legal requirements

UC San Diego
HEALTH SCIENCES

Thank you!
Comments or Questions?

Attachment 1D Kaiser Permanente Enterprise Pharmacy

KAISER PERMANENTE®

Inpatient Pharmacy Technicians at Kaiser Permanente

Doug O'Brien, PharmD

Vice-President, Acute Care & Infusion Pharmacy Programs

Kaiser Permanente Enterprise Pharmacy

June 2025

Agenda

Introduction

Kaiser Permanente's Mission

Acute Care Pharmacy Philosophy

Technician Key Activities

Maximizing Patient Safety

Technician Training and Future Activities

Q&A

KAISER PERMANENTE.

Introduction

➢ Doug O'Brien, Pharm.D. is the Vice President of Acute Care &Infusion Pharmacy Programs for Kaiser Permanente Enterprise Pharmacy.

➢ Doug has worked for KP for 25+ Years in various roles such as Regional Inpatient Pharmacy Director, and now Enterprise Vice-President.

➢ Doug has oversight of 42 Hospitals, 17 Ambulatory Surgery Centers, and 82 Oncology/Infusion/Home Infusion Pharmacy Services locations across Kaiser Permanente's 8 markets.

KAISER PERMANENTE.®

Acute Care Pharmacy Philosophy

✓ **Maximize the use of Pharmacy Technicians for critical drug distribution and compounding tasks**

✓ **Maximize the time for Pharmacists to focus on clinical pharmacy work. Optimize the outcomes of medication therapy, managing high-risk drug therapy, antimicrobial stewardship programs, patient care rounds, and transitions of care**

KAISER PERMANENTE®

Maximizing Patient Safety

Bar code and RFID Technology

➢ Sterile Compounding

➢ Drugs dispensed directly from the pharmacy

➢ Bar Code Scanning before stocking automated dispensing machines

➢ Maintaining emergency drug supplies

➢ Maintaining anesthesia drug supplies
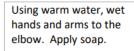
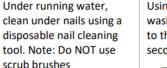➢ Drug Supply Chain Security Act (DSCSA)

KAISER PERMANENTE®

Technician Training

➤ Extensive Training for Pharmacy Technicians

➤ Focus on highly technical areas of pharmacy practice

➤ Sterile compounding

➤ Optimizing automated drug dispensing machines

➤ Maintaining emergency drug supplies

➤ Tech check Tech

➤ Technician Career Ladder

Step 4: Hand Hygiene Sequence

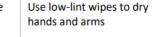| Using warm water, wet hands and arms to the elbow. Apply soap.	Under running water, clean under nails using a disposable nail cleaning tool. Note: Do NOT use scrub brushes	Using soap, vigorously wash hands and arms (up to the elbow) for 30 seconds	Use warm water to rinse hands and arms to the elbow	Use low-lint wipes to dry hands and arms

Potential Future Expanded Activities

➤ Transitions of Care and Medication Reconciliation

➤ Compounding Robotics

➤ Assist with Drug Diversion Prevention Data Analysis

KAISER PERMANENTE®

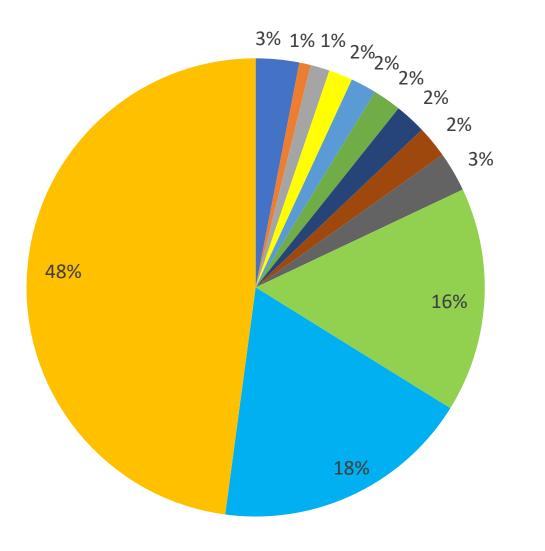KAISER PERMANENTE®

THANK YOU

Attachment 2

Tech Ratio Survey Data
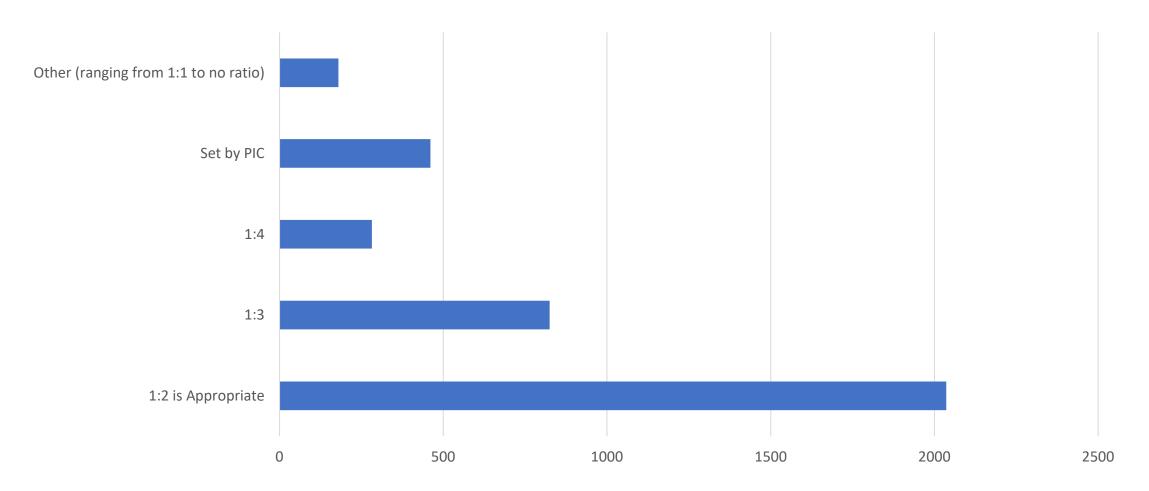
CA Board of Pharmacy

Survey Population

- 5151 total survey respondents (before removing the following);
  - 201 not licensed in CA
  - Another 384 not actively practicing in CA
  - Another 49 indicated they are licensed in CA but did not respond to any other question

- 4517 responses analyzed

Type of worksites utilizing pharmacy technicians

Legend:
- Other (Incl. Pharmaceutical, Academia, Research, Benefit Manager)
- Correctional Facility
- Health Plan/Managed Care
- Sterile Compounding Outpatient Setting
- Home health/home infusion/infusion center
- Ambulatory Care Site
- Mail Order or Central Fill Pharmacy
- Specialty Pharmacy
- Long-Term Care
- Inpatient Hospital
- Outpatient/Community Pharmacy Non-Chain
- Outpatient/Community Pharmacy Chain

Pie chart values: 3%, 1%, 1%, 2%, 2%, 2%, 2%, 2%, 3%, 16%, 18%, 48%

Do you believe the current pharmacist to pharmacy technician ratio in a **institutional setting** (currently 1:2) is appropriate?

*733 did not respond

If the Board increased the number of pharmacy technicians a pharmacist could supervise, do you believe the PIC should be required to make a specific determination for the ratio to be used at their worksite?

If there is an increase in the number of pharmacy technicians that can be supervised by a pharmacist, do you believe the pharmacist should have the authority to refuse to supervise the additional pharmacy technicians?

Are you in a management or administrative position for your employer (yes n=997) and Do you believe the current pharmacist to pharmacy technician ratio in the institutional setting (currently 1:2) is appropriate?

Are you in a management or administrative position for your employer
(yes n=648)
and
What is the appropriate ratio in an institutional setting.
(Must have said 1:2 is not appropriate)

Pie chart showing: Other, 5.7%; 1:2, 8.5%; 1:3, 41.5%; 1:4, 14.7%; PIC, 29.6%

Are you the designated PIC at your primary worksite?
(yes n=1,393)
and
Do you believe the current pharmacist to pharmacy technician ratio
in the institutional setting (currently 1:2) is appropriate

Yes, 44.4%

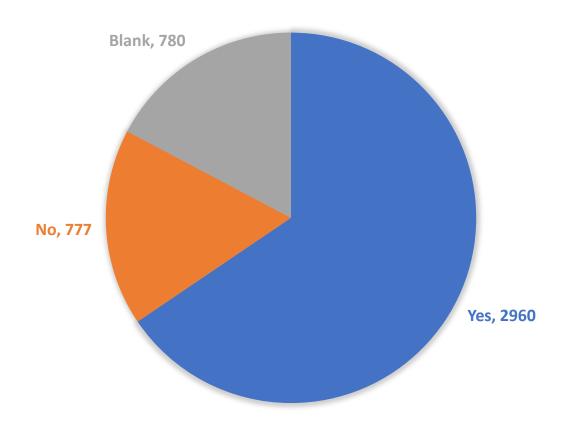No, 55.6%

Are you the designated PIC at your primary worksite?
(yes n=880)
and
What is the appropriate ratio in an institutional setting.
(must have said 1:2 is not appropriate)

Other, 5.6%
1:2, 11.7%
1:3, 40.5%
1:4, 13.3%
PIC, 29.0%

Attachment 3

CALIFORNIA STATE BOARD OF PHARMACY
QUARTERLY LICENSING STATISTICS FISCAL YEAR 2024/2025

APPLICATIONS RECEIVED

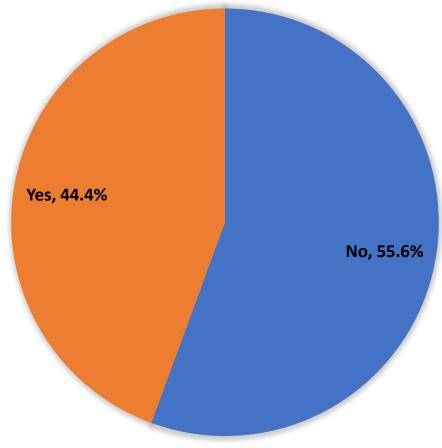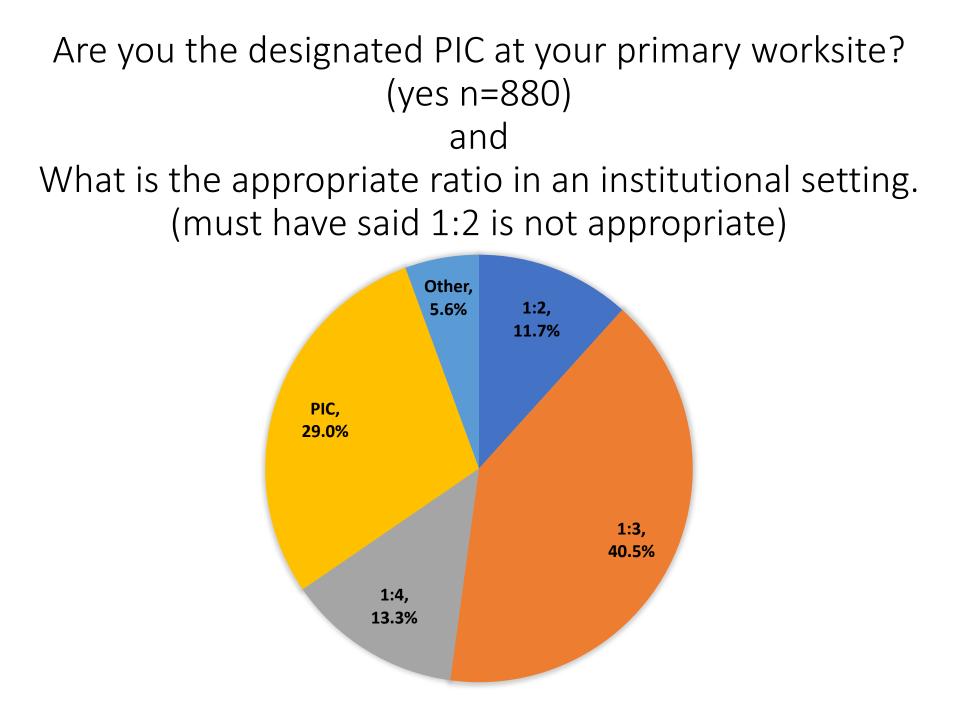| Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Designated Representatives (EXC)	158	131	109	75	473
Designated Representatives Vet (EXV)	0	0	1	1	2
Designated Representatives-3PL (DRL)	28	28	44	23	123
Designated Representatives-Reverse Distributor (DRR)	2	1	2	3	8
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	957	99	88	95	1,239
Pharmacist Exam Applications	229	116	151	969	1,465
Pharmacist Retake Exam Applications	364	378	295	153	1,190
Pharmacist Initial License Application (RPH)	697	386	158	112	1,353
Advanced Practice Pharmacist (APH)	46	32	40	32	150
Pharmacy Technician (TCH)	1,523	1,389	1,449	1,099	5,460
Total	**4,004**	**2,560**	**2,337**	**2,562**	**11,463**

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-May	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	1	1
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	3	2	2	1	8
Total	**3**	**2**	**2**	**2**	**9**

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Automated Drug Delivery System (ADD(AUD))	38	70	39	31	178
Automated Drug Delivery System (ADD(APD))	0	0	1	0	1
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	2	0	0	4	6
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	1	0	0	0	1
Clinics (CLN)	67	47	19	25	158
Clinics Government Owned (CLE)	6	8	10	14	38
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	4	1	1	3	9
Hospitals Government Owned (HPE)	1	0	2	0	3
Hospital Satellite Sterile Compounding (SCP)	0	0	0	1	1
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	1	1	5	4	11
Correctional Pharmacy (LCF)	0	0	0	1	1
Outsourcing Facility (OSF)	1	2	0	0	3
Outsourcing Facility Nonresident (NSF)	3	3	1	2	9
Pharmacy (PHY)	142	98	75	56	371
Pharmacy (PHY) Chain	337	6	1	3	347
Pharmacy Government Owned (PHE)	6	0	6	1	13
Remote Dispensing Pharmacy (PHR)	0	1	0	0	1
Pharmacy Nonresident (NRP)	39	37	24	16	116
Sterile Compounding (LSC)	9	25	7	10	51
Sterile Compounding Government Owned (LSE)	4	1	4	2	11
Sterile Compounding Nonresident (NSC)	10	0	2	2	14
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	2	1	1	1	5
Third-Party Logistics Providers Nonresident (NPL)	7	16	7	3	33
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	16	9	8	9	42
Wholesalers Government Owned (WLE)	0	0	2	0	2
Wholesalers Nonresident (OSD)	37	33	32	32	134
Total	**733**	**359**	**247**	**220**	**1,559**

*Number of applications received includes the number of temporary applications received.

Applications Received with Temporary License Requests	July - Sept	Oct-Dec	Jan-Mar	Apr-May	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)	4	2	1	1	8
Hospital Government Owned - Temp (HPE)	0	0	2	0	2
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)	1	0	0	0	1
Outsourcing Facility Nonresident - Temp (NSF)	2	0	0	0	2
Pharmacy - Temp (PHY)	461	97	58	43	659
Pharmacy Government Owned - Temp (PHE)	2	0	3	0	5
Remote Dispensing Pharmacy - Temp (PHR)	0	1	0	0	1
Pharmacy Nonresident - Temp (NRP)	30	26	11	14	81
Sterile Compounding - Temp (LSC)	9	22	5	4	40
Sterile Compounding Government Owned - Temp (LSE)	0	0	1	2	3
Sterile Compounding Nonresident - Temp (NSC)	7	2	1	1	11
Third-Party Logistics Providers - Temp (TPL)	2	0	0	1	3
Third-Party Logistics Providers Nonresident - Temp (NPL)	3	11	2	1	17
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesaler - Temp (WLS)	9	4	2	1	16
Wholesaler Government Owned - Temp (WLE)	0	0	1	0	1
Wholesalers Nonresident - Temp (OSD)	19	10	14	9	52
Total	**549**	**175**	**101**	**77**	**902**

LICENSES ISSUED

Individual Licenses Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Designated Representatives (EXC)	97	98	139	101	435
Designated Representatives Vet (EXV)	1	0	1	0	2
Designated Representatives-3PL (DRL)	31	27	46	27	131
Designated Representatives-Reverse Distributor (DRR)	1	2	1	2	6
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	847	202	86	70	1,205
Pharmacist (RPH)	696	384	163	109	1,352
Advanced Practice Pharmacist (APH)	35	26	37	33	131
Pharmacy Technician (TCH)	1,266	1,833	1,380	801	5,280
Total	**2,974**	**2,572**	**1,853**	**1,143**	**8,542**

Temporary Individual Licenses (Military Spouses/Partners) Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-May	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)	3	1	2	1	7
Total	**3**	**1**	**2**	**1**	**7**

Site Licenses Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Automated Drug Delivery System (ADD(AUD))	38	30	67	32	167
Automated Drug Delivery System (ADD(APD))	0	0	0	1	1
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	2	0	2
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	46	45	5	30	126
Clinics Government Owned (CLE)	8	6	11	2	27
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	1	0	0	1
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	1	1	3
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	0	0	1	2
Pharmacy (PHY)	10	22	37	22	91
Pharmacy Government Owned (PHE)	4	1	3	6	14
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	0	3	11	9	23
Sterile Compounding (LSC)	5	6	5	4	20
Sterile Compounding Government Owned (LSE)	5	0	2	3	10
Sterile Compounding Nonresident (NSC)	0	1	1	1	3
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	1	1	3	1	6
Third-Party Logistics Providers Nonresident (NPL)	9	4	8	1	22
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	10	9	14	5	38
Wholesalers Government Owned (WLE)	0	0	0	1	1
Wholesalers Nonresident (OSD)	20	18	31	19	88
Total	**158**	**147**	**201**	**139**	**645**

Site Temporary Licenses Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-May	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)	7	6	0	0	13
Hospital Government Owned - Temp (HPE)	0	0	0	2	2
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)	1	0	0	0	1
Outsourcing Facility Nonresident - Temp (NSF)	0	1	0	0	1
Pharmacy - Temp (PHY)	425	69	85	42	621
Pharmacy Government Owned - Temp (PHE)	0	0	1	0	1
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	13	26	15	15	69
Sterile Compounding - Temp (LSC)	6	16	9	5	36
Sterile Compounding Government Owned - Temp (LSE)	1	0	0	1	2
Sterile Compounding Nonresident - Temp (NSC)	1	1	3	2	7
Third-Party Logistics Providers - Temp (TPL)	1	0	0	0	1
Third-Party Logistics Providers Nonresident - Temp (NPL)	1	8	1	1	11
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesaler - Temp (WLS)	4	1	5	0	10
Wholesaler Government Owned - Temp (WLE)	0	0	1	0	1
Wholesalers Nonresident - Temp (OSD)	7	6	11	5	29
Total	**467**	**134**	**131**	**73**	**805**

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

Individual Applications Pending	July - Sept	Oct-Dec	Jan-Mar	Apr-May
Designated Representatives (EXC)	237	267	236	199
Designated Representatives Vet (EXV)	2	2	2	3
Designated Representatives-3PL (DRL)	64	63	61	57
Designated Representatives-Reverse Distributor (DRR)	4	3	4	6
Designated Paramedic (DPM)	0	0	0	0
Intern Pharmacist (INT)	153	50	48	71
Pharmacist (exam not eligible)	785	830	729	1,484
Pharmacist (exam eligible)	1,237	835	848	909
Advanced Practice Pharmacist (APH)	102	108	111	109
Pharmacy Technician (TCH)	2,061	1,645	1,598	1,864
Total	**4,645**	**3,803**	**3,637**	**4,702**

Temporary Individual Applications Pending (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-May
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	1	1	1
Total	**0**	**1**	**1**	**1**

Site Applications Pending	July - Sept	Oct-Dec	Jan-Mar	Apr-May
Automated Drug Delivery System (ADD(AUD))	41	80	47	41
Automated Drug Delivery System (ADD(APD))	0	1	1	0
Automated Drug Delivery System EMS (ADE)	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	2	2	0	0
Centralized Hospital Packaging Government Owned (CHE)	1	1	1	1
Centralized Hospital Packaging (CHP)	1	1	1	1
Clinics (CLN)	171	171	184	179
Clinics Government Owned (CLE)	8	10	9	21
Drug Room (DRM)	1	1	1	1
Drug Room Government Owned (DRE)	0	0	0	0
Hospitals (HSP)	9	2	3	6
Hospitals Government Owned (HPE)	2	2	3	1
Hospital Satellite Sterile Compounding (SCP)	1	1	2	3
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0
Hypodermic Needle and Syringes (HYP)	29	30	26	29
Correctional Pharmacy (LCF)	1	1	1	2
Outsourcing Facility (OSF)	4	5	4	3
Outsourcing Facility Nonresident (NSF)	12	13	12	11
Pharmacy (PHY)	638	603	205	193
Pharmacy Government Owned (PHE)	8	6	8	3
Remote Dispensing Pharmacy (PHR)	4	5	3	1
Pharmacy Nonresident (NRP)	213	215	204	195
Sterile Compounding (LSC)	54	46	38	36
Sterile Compounding - Government Owned (LSE)	10	7	9	7
Sterile Compounding Nonresident (NSC)	27	22	18	17
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0
Third-Party Logistics Providers (TPL)	10	10	8	8
Third-Party Logistics Providers Nonresident (NPL)	69	70	38	39
Veterinary Food-Animal Drug Retailer (VET)	1	1	0	0
Wholesalers (WLS)	80	77	34	37
Wholesalers Government Owned (WLE)	1	1	1	0
Wholesalers Nonresident (OSD)	165	172	94	102
Total	**1,563**	**1,556**	**955**	**937**

Applications Pending with Temporary Licenses Issued - Pending Full License	July - Sept	Oct-Dec	Jan-Mar	Apr-May
Drug Room -Temp (DRM)	0	0	0	0
Drug Room Government Owned-Temp (DRE)	0	0	0	0
Hospital - Temp (HSP)	8	13	5	5
Hospital Government Owned - Temp (HPE)	1	0	0	2
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	1	0	0	0
Correctional Pharmacy -Temp (LCF)	0	0	0	0
Outsourcing Facility - Temp (OSF)	2	1	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	1	1	0
Pharmacy - Temp (PHY)	484	481	140	138
Pharmacy Government Owned - Temp (PHE)	2	1	1	1
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	31	37	34	39
Sterile Compounding - Temp (LSC)	11	23	20	20
Sterile Compounding Government Owned - Temp (LSE)	1	0	0	1
Sterile Compounding Nonresident - Temp (NSC)	4	1	3	5
Third-Party Logistics Providers - Temp (TPL)	1	0	0	0
Third-Party Logistics Providers Nonresident - Temp (NPL)	1	8	7	7
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0
Wholesaler - Temp (WLS)	5	2	5	0
Wholesaler Government Owned - Temp (WLE)	0	0	1	0
Wholesalers Nonresident - Temp (OSD)	8	8	13	13
Total	**560**	**576**	**230**	**231**

APPLICATIONS WITHDRAWN

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Designated Representatives (EXC)	39	3	1	13	56
Designated Representatives Vet (EXV)	1	0	0	0	1
Designated Representatives-3PL (DRL)	96	2	0	1	99
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	14	2	2	1	19
Pharmacist (exam applications)	3	29	11	4	47
Advanced Practice Pharmacist (APH)	1	0	0	0	1
Pharmacy Technician (TCH)	21	14	103	2	140
Total	**175**	**50**	**117**	**21**	**363**

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-May	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-May	Total FYTD
Automated Drug Delivery System (ADD(AUD))	3	0	5	4	12
Automated Drug Delivery System (ADD(APD))	0	0	1	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)	42	2	2	0	46
Clinics Government Owned (CLE)	3	0	0	0	3
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	1	0	0	1
Hospitals Government Ownerd (HPE)	1	0	1	0	2
Hospital Satellite Sterile Compounding (SCP)	1	0	0	0	1
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	8	0	8
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	0	3	1	5
Pharmacy (PHY)	9	45	351	7	412
Pharmacy Government Owned (PHE)	0	1	0	0	1
Remote Dispensing Pharmacy (PHR)	0	0	2	2	4
Pharmacy Nonresident (NRP)	7	3	9	1	20
Sterile Compounding (LSC)	2	11	0	2	15
Sterile Compounding - Government Owned (LSE)	0	4	0	0	4
Sterile Compounding Nonresident (NSC)	1	2	3	0	6
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)	1	3	30	0	34
Veterinary Food-Animal Drug Retailer (VET)	0	0	1	0	1
Wholesalers (WLS)	0	2	32	0	34
Wholesalers Government Owned (WLE)	0	0	1	0	1
Wholesalers Nonresident (OSD)	7	1	68	0	76
Total	**78**	**75**	**517**	**17**	**687**

APPLICATIONS DENIED

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Designated Representatives (EXC)	0	0	0	1	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)	1	0	1	0	2
Pharmacist (exam application)	0	1	0	0	1
Pharmacist (exam eligible)	0	0	0	0	0
Advanced Practice Pharmacist (APH)	1	0	0	0	1
Pharmacy Technician (TCH)	13	6	9	1	29
Total	**15**	**7**	**10**	**2**	**34**

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-May	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-May	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	1	0	1	2
Outsourcing Facility Nonresident (NSF)	1	0	0	2	3
Pharmacy (PHY)	1	1	1	0	3
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	1	0	1
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	0	0	0	0	0
Total	**2**	**2**	**2**	**3**	**9**

RESPOND TO STATUS INQUIRIES

Email Inquiries	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Designated Representative Received	524	523	234	427	1,708
Designated Representative Responded	215	293	195	153	856
Advanced Practice Pharmacist Received	337	252	183	162	934
Advanced Practice Pharmacist Responded	195	168	90	127	580
Pharmacist/Intern Received	1,301	1,117	1,145	791	4,354
Pharmacist/Intern Responded	1,301	1,117	1,145	791	4,354
Pharmacy Technician Received	2,317	1,934	1,710	1,081	7,042
Pharmacy Technician Responded	1,083	1,135	1,409	1,183	4,810
Pharmacy Received	3,228	3,307	3,444	2,233	12,212
Pharmacy Responded	3,033	3,160	3,085	2,008	11,286
Sterile Compounding/Outsourcing Received	987	815	888	584	3,274
Sterile Compounding/Outsourcing Responded	653	550	541	438	2,182
Wholesale/Hypodermic/3PL Received	1,328	631	1,463	840	4,262
Wholesale/Hypodermic/3PL Responded	953	582	1,396	718	3,649
Clinic Received	475	309	828	411	2,023
Clinic Responded	311	147	337	365	1,160
Automated Drug Delivery Systems Received	424	323	405	333	1,485
Automated Drug Delivery Systems Responded	188	201	326	231	946
Pharmacist-in-Charge Received	1,052	1,120	1,178	821	4,171
Pharmacist-in-Charge Responded	1,213	1,004	1,137	755	4,109
Change of Permit Received	711	690	707	499	2,607
Change of Permit Responded	921	884	842	523	3,170
Renewals Received	1,128	1,212	1,948	1,431	5,719
Renewals Responded	892	1,185	1,923	1,398	5,398

Telephone Calls Received	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Designated Representative	51	55	25	33	164
Advanced Practice Pharmacist	74	46	84	55	259
Pharmacist/Intern	743	597	629	525	2,494
Pharmacy	423	437	326	124	1,310
Sterile Compounding/Outsourcing	50	60	36	23	169
Wholesale/Hypodermic/3PL	278	85	92	53	508
Clinic	68	59	72	46	245
Automated Drug Delivery Systems	4	4	9	6	23
Pharmacist-in-Charge	161	288	87	86	622
Change of Permit	43	64	42	33	182
Renewals	1,760	2,431	2,234	1,377	7,802
Reception	19,302	17,823	16,424	10,105	63,654

UPDATE LICENSING RECORDS

Change of Pharmacist-in-Charge	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Received	504	527	460	302	1,793
Processed	482	526	461	235	1,704
Approved	561	424	545	246	1,776
Pending (Data reflects number of pending at the end of the quarter.)	196	304	215	239	239

Change of Designated Representative-in-Charge	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Received	44	37	44	37	162
Processed	45	37	38	39	159
Approved	45	32	35	37	149
Pending (Data reflects number of pending at the end of the quarter.)	25	20	27	23	23

Change of Responsible Manager	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Received	16	8	16	7	47
Processed	13	10	13	7	43
Approved	12	10	14	8	44
Pending (Data reflects number of pending at the end of the quarter.)	9	7	9	8	8

Change of Professional Director	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Received	19	15	18	20	72
Processed	15	20	18	19	72
Approved	14	19	18	17	68
Pending (Data reflects number of pending at the end of the quarter.)	13	6	7	10	10

Change of Permits	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Received	711	589	493	511	2,304
Processed	1,047	870	703	513	3,133
Approved	1,105	923	770	420	3,218
Pending (Data reflects number of pending at the end of the quarter.)	714	347	73	201	201

Discontinuance of Business	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Received	134	103	122	142	501
Processed	137	95	118	129	479
Approved	184	61	138	97	480
Pending (Data reflects number of pending at the end of the quarter.)	92	126	116	161	161

Intern Pharmacist Extensions	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Received	49	17	51	49	166
Processed	49	17	47	44	157
Completed	32	21	55	41	149
Pending (Data reflects number of pending at the end of the quarter.)	27	22	19	18	18

Requests Approved	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Address/Name Changes	2,671	2,360	2,486	1,563	9,080
Off-site Storage	48	10	41	30	129
Transfer of Intern Hours	6	1	5	1	13
License Verification	126	87	94	63	370

DISCONTINUED BUSINESS

discontinued by reported date of closure

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Automated Drug Delivery System (ADD(AUD))	28	10	7	9	54
Automated Drug Delivery System (ADD(APD))	0	0	1	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)	6	7	5	0	18
Clinics Government Owned (CLE)	4	1	3	0	8
Drug Room (DRM)	1	0	0	0	1
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	1	0	0	1
Hospitals Government Owned (HPE)	0	0	1	0	1
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	1	0	0	1
Correctional Pharmacy (LCF)	1	0	0	0	1
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	1	0	0	2
Pharmacy (PHY)	28	24	23	17	92
Pharmacy (PHY) Chain	11	5	34	27	77
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	4	6	5	3	18
Sterile Compounding (LSC)	4	4	5	4	17
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	0	2	1	0	3
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	1	0	0	0	1
Third-Party Logistics Providers Nonresident (NPL)	1	3	1	2	7
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	3	2	4	5	14
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	5	6	9	3	23
Total	**98**	**73**	**99**	**70**	**340**

LICENSES RENEWED

Individual Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Designated Representatives (EXC)	561	533	757	385	2,236
Designated Representatives Vet (EXV)	17	8	16	10	51
Designated Representatives-3PL (DRL)	122	96	129	75	422
Designated Representatives-Reverse Distributor (DRR)	1	5	4	2	12
Designated Paramedic (DPM)	0	0	0	0	0
Pharmacist (RPH)	6,180	5,411	5,763	3,675	21,029
Advanced Practice Pharmacist (APH)	176	172	168	98	614
Pharmacy Technician (TCH)	7,014	6,896	8,061	4,684	26,655
Total	**14,071**	**13,121**	**14,898**	**8,929**	**51,019**

Site Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Automated Drug Delivery System (ADD(APD & AUD))	151	660	61	111	983
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	1	1
Centralized Hospital Packaging Government Owned (CHE)	1	0	0	1	2
Centralized Hospital Packaging (CHP)	3	1	3	1	8
Clinics (CLN)	380	405	278	183	1,246
Clinics Government Owned (CLE)	52	783	14	46	895
Drug Room (DRM)	4	5	10	1	20
Drug Room Government Owned (DRE)	3	6	0	0	9
Hospitals (HSP)	72	128	96	56	352
Hospitals Government Owned (HPE)	33	19	9	11	72
Hospital Satellite Sterile Compounding (SCP)	2	1	0	0	3
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	0	0	2	4
Hypodermic Needle and Syringes (HYP)	41	64	48	23	176
Correctional Pharmacy (LCF)	6	47	0	0	53
Outsourcing Facility (OSF)	0	1	0	1	2
Outsourcing Facility Nonresident (NSF)	2	4	7	3	16
Pharmacy (PHY)	1,122	1,794	1,099	1,209	5,224
Pharmacy Government Owned (PHE)	58	55	9	18	140
Remote Dispensing Pharmacy (PHR)	1	1	0	1	3
Pharmacy Nonresident (NRP)	92	152	151	82	477
Sterile Compounding (LSC)	134	260	143	93	630
Sterile Compounding Government Owned (LSE)	60	7	11	26	104
Sterile Compounding Nonresident (NSC)	6	14	13	8	41
Surplus Medication Collection Distribution Intermediary (SME)	1	0	0	0	1
Third-Party Logistics Providers (TPL)	14	8	8	3	33
Third-Party Logistics Providers Nonresident (NPL)	52	34	32	20	138
Veterinary Food-Animal Drug Retailer (VET)	2	1	9	3	15
Wholesalers (WLS)	110	71	88	70	339
Wholesalers Government Owned (WLE)	3	6	0	0	9
Wholesalers Nonresident (OSD)	202	147	193	119	661
Total	**2,609**	**4,674**	**2,282**	**2,092**	**11,657**

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

Individual Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-May
Designated Representatives (EXC)	2,933	2,945	2,979	3,015
Designated Representatives Vet (EXV)	61	60	60	59
Designated Representatives-3PL (DRL)	599	606	626	639
Designated Representatives-Reverse Distributor (DRR)	20	22	18	20
Designated Paramedic (DPM)	3	3	3	3
Intern Pharmacist (INT)	4,682	4,585	4,543	4,092
Pharmacist (RPH)	50,363	50,423	50,268	50,063
Advanced Practice Pharmacist (APH)	1,383	1,407	1,433	1,476
Pharmacy Technician (TCH)	66,185	66,642	66,385	65,850
Total	**126,229**	**126,693**	**126,315**	**125,217**

Temporary Individual Licenses (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-May
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)	7	7	6	6
Total	**7**	**7**	**6**	**6**

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-May
Automated Drug Delivery System (ADD(AUD))	1,111	1,129	1,155	1,160
Automated Drug Delivery System (ADD(APD))	15	15	14	14
Automated Drug Delivery System EMS (ADE)	1	1	1	1
Automated Patient Dispensing System 340B Clinic (ADC)	1	1	3	3
Centralized Hospital Packaging Government Owned (CHE)	2	2	2	2
Centralized Hospital Packaging (CHP)	8	8	8	8
Clinics (CLN)	1,476	1,500	1,444	1,463
Clinics Government Owned (CLE)	938	942	920	919
Drug Room (DRM)	21	21	20	20
Drug Room Government Owned (DRE)	10	10	10	9
Hospitals (HSP)	401	407	401	400
Hospitals Government Owned (HPE)	84	83	82	84
Hospital Satellite Sterile Compounding (SCP)	4	4	4	4
Hospital Satellite Sterile Compounding Government Owned (SCE)	5	5	5	5
Hypodermic Needle and Syringes (HYP)	233	233	217	218
Correctional Pharmacy (LCF)	54	54	54	54
Outsourcing Facility (OSF)	3	3	3	3
Outsourcing Facility Nonresident (NSF)	21	21	20	21
Pharmacy (PHY)	5,926	5,945	5,949	5,932
Pharmacy Government Owned (PHE)	152	153	156	160
Remote Dispensing Pharmacy (PHR)	3	3	3	3
Pharmacy Nonresident (NRP)	587	597	584	590
Sterile Compounding (LSC)	683	688	686	687
Sterile Compounding Government Owned (LSE)	116	115	116	120
Sterile Compounding Nonresident (NSC)	53	53	53	54
Surplus Medication Collection Distribution Intermediary (SME)	1	1	1	1
Third-Party Logistics Providers (TPL)	41	41	43	43
Third-Party Logistics Providers Nonresident (NPL)	165	174	173	174
Veterinary Food-Animal Drug Retailer (VET)	18	18	16	16
Wholesalers (WLS)	489	492	460	454
Wholesalers Government Owned (WLE)	11	11	11	11
Wholesalers Nonresident (OSD)	828	841	826	841
Total	**13,461**	**13,571**	**13,440**	**13,474**
Total Population of Licenses	**139,697**	**140,271**	**139,761**	**138,697**