



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



**NOTIFICATION OF DISCONTINUANCE OR REPLACEMENT  
 OF AN AUTOMATED DRUG DELIVERY SYSTEM (ADDS)**

[Includes an Automated Drug Delivery System (ADD), Automated Patient Dispensing System (ADC), or an Emergency Medical Services Automated Drug Delivery System (ADE) license]

Pharmacy law requires notification within 30 days when the responsible primary license discontinues operation or replaces the existing ADDS device with a different ADDS.

This form is intended to assist in the notification of discontinuance or replacement of an ADDS. For a relocation of an ADDS; a new application, application fee, and inspection of the location are required for licensure.

**License Type of the ADDS** (Identify the type of ADDS by checking one.)

- Automated Drug Delivery System (ADD)** [BPC 4427.3]
- Automated Patient Dispensing System (ADC) located in a 340B Clinic/Medical Professional Practice** [BPC 4119.11]
- Emergency Medical Services Automated Drug Delivery System (ADE)** [BPC 4119.01]

**1. Location of the ADDS**

Name of Facility where the ADDS is Located		License Number of ADDS		
Address of Facility where ADDS is Located:	Street	City	State	Zip Code
ADDS Physical Location (List the exact location listed on the ADD license)				

**2. Primary License Responsible for the ADDS**

Name of the Primary License		License Number		
Street Address	City	State	Zip Code	
Name of the Pharmacist-in-Charge (PIC)		Pharmacist License Number		
PIC Telephone Number		PIC Email Address		

**For Office Use Only**

Date Processed: \_\_\_\_\_ Processed by: \_\_\_\_\_

**A. Discontinuance of the ADDS**

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Date the ADDS was Discontinued

**B. Replacement of an ADDS**

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Previous Type of ADDS (provide manufacturer, model and serial number)

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New Type of ADDS (provide manufacturer, model and serial number)

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Date the ADDS was Replaced

**The person(s) signing below must be identified on the responsible primary license (the underlying pharmacy license) and be on record with the board. The person(s) must have the authority to bind the primary license.**

I certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made on this form including all supplementary statements.

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Signature of Primary License owner, partner, Member, executive officer, director, trustee, administrator	Name (please print)	Date
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Signature of Pharmacist-in-Charge	Name (please print)	Date
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