



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, Licensee Member, Chairperson
Jignesh Patel, Licensee Member, Vice-Chairperson
Indira Cameron-Banks, Public Member
Travis Chandler, Public Member
Jessica Crowley, Licensee Member
Jason Weisz, Public Member

During the meeting members will receive a summary of the Committee's work at its April 5, 2023 Committee Meeting. As a quorum of members was not available during the meeting, no formal committee recommendations are being offered.

a. Discussion and Consideration of Provisions for Remote Processing

Relevant Law

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

Background

As part of the Board's response to the COVID-19 public health emergency and the initial need for social distancing, a "[Remote Processing Waiver](#)" was approved by the Board. This waiver is scheduled to expire May 28, 2023. Under the provisions of the waiver, legal authorization for remote processing was expanded to allow for greater flexibility under pandemic conditions. "Remote Processing" is defined to mean the entering of an order or prescription into a computer from outside of the pharmacy or hospital for a licensed pharmacy. The Waiver says that, in addition to the provisions of BPC section 4071.1, pharmacists performing remote processing may also receive, interpret, evaluate, clarify, and approve medication orders and prescriptions, including medication orders and prescriptions for controlled substances classified in Schedule II, III, IV or V. Under the Waiver, remote processing may also include order entry, other data entry, performing prospective drug utilization review, interpreting clinical data, insurance processing, performing therapeutic interventions, providing drug information services, and authorizing release of medication for administration. The Waiver does not permit dispensing of a drug or final product verification by remote processing. Further, the Waiver expands the provisions of BPC section 4071.1 to allow for remote processing by pharmacy technicians and pharmacy interns to include nondiscretionary tasks, including prescription or order entry, other data entry, and insurance processing of prescriptions and medication orders for which supervision by a pharmacist is provided using remote supervision via technology that, at a minimum, ensures a

pharmacist is (1) readily available to answer questions of a pharmacy intern or pharmacy technician; and (2) verify the work performed by the pharmacy intern or pharmacy technician.

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

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

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

Agreement was not reached specific to if, and under what conditions, permanent authority for remote processing should be established for community pharmacies. Previous discussions have highlighted the complexity of the issue and various competing interests. Ultimately, it is incumbent on the Board to determine what is in the best interest of California patients.

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

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

Summary of Committee Discussion

During its April meeting, members consider high-level concepts developed as well as the more detailed language. Below is a summary of the concepts considered along with a summary of member and public comments.

1. The provisions would be limited to California licensed pharmacists, performing remote processing within California, on behalf of a California licensed pharmacy. Members also considered if permanent authority for remote processing beyond those included in Assembly Bill 1557 should be focused on remote processing for specialty pharmacies.

Members noted agreement with the concept and noted that it is consistent with prior member discussion. Public comment spoke in support of making provisions permanent. Some commenters expressed interest in remote processing provisions for pharmacy technicians. Other comments suggested that California pharmacists should have the opportunity to perform remote processing for California licensed nonresident pharmacies. Public comment suggested that absent a change in the law or extension of the current remote processing waiver 125 pharmacists working for specialty pharmacies will need to return to work within a pharmacy when the waiver expires.

2. The provisions would specify the remote functions authorized and would only be allowed after the pharmacist-in-charge (PIC) of the pharmacy has made a determination, in writing, that remote work is necessary to enable improved direct patient care by pharmacists working in the pharmacy. Further, the written determination would state that reliance on remote work would not be used as a means to reduce staffing levels.

Members noted some concerns, particularly related to the autonomy of a PIC and concerns that a PIC may be pressured to sign a document. It was suggested this issue needs to be considered in any potential solution. Further it was noted that there is currently no transparency related to how staffing levels are established and that fear of retaliation could undermine the autonomy envisions. Members also expressed concern that staffing levels could create a "race to the bottom." Members also highlighted the opportunity pharmacists have under existing law to work from a licensed location providing services for patients that may be receiving medications at another pharmacy. Members requested data on the number of pharmacists currently providing remote processing in California.

Public comment varied with some comments in agreement with the concerns raised by members. Some comments received including removing the requirement for a PIC to provide an attestation while others noted the need for the PIC to have authority over the decision. Additional public comment was

received expressing concerns with staffing levels and encouraging members to continue to consider the issue and address it.

3. Pharmacists performing remote processing would be required to identify the specific location and consent to inspection of the location.

Members noted that this concept highlights the issues with the feasibility of the process and questioned the potential impact on Board staff if inspections are required at each remote processing location. Members also expressed concern about technology and if there is a means to confirm that the remote processing is occurring in California.

Public comment suggested that the Board should continue with the waiver that is in place indicating that pharmacists are working from home. Public comment suggested concerns with fourth amendment protections and resulting challenges. (Note: Counsel subsequently noted her disagreement that the proposal runs contrary to the fourth amendment.) Some commenters also suggested that the Board has changed its interpretation of Pharmacy Law. (Note: Counsel subsequently confirmed that the board has not changed its interpretation.) Public comment also suggested that the Board should be clear about what duties are allowed to occur outside of pharmacy and suggested separating out clinical services.

4. Policies and procedures must outline the authorized functions that can be performed and establish provisions to protect confidentiality of patient information as specified. Training must be provided.

Members noted that generally PICs working in community chain pharmacies are not involved in the development of policies and procedures. Further, members indicated that the training language appears vague.

5. Any breach of confidentiality must be reported to the Board and could result in enforcement action or the issuance of a citation and fine.

Members noted that fines are particularly important in this proposal and noted it may be appropriate to include a mandatory report to consumers impacted by an unauthorized disclosure of protected information. Members also noted that there may need better clarity regarding who is responsible for paying fines. Members noted agreement with the progressive fine model included.

Public comment expressed concern with prohibiting the use of laptops and suggested that the type of device to be used should be determined by the pharmacy. Public comment suggested that pharmacists should not be limited to a single location to provide remote work and that reporting to the Board a breach of confidentiality should not be required.

6. Any other violation of the provisions may also result in administrative or disciplinary action as specified or the issuance of a citation and fine.

Final comments from members noted that ultimately a legislative solution is necessary, and the Board should continue its discussion to be ready to respond should the legislature ask. Members noted the need to focus on consumer protection.

Final comments for the public noted concerns with the larger issue of remote processing and concern about impacts when the waiver expires.

Following the discussion, it was determined that staff will work with the Committee Chair to update language for consideration at the July Committee Meeting. Members also requested stakeholders to provide data on the numbers of staff currently working under the Board's remote processing waiver.

After the meeting comments were received. In addition, staff was provided with the requested data from CVS. Nationally CVS Health has 2,400 remote pharmacy workers, including 1,000 pharmacists and 1,400 pharmacy technicians. Specific to California, 57 pharmacists and 70 pharmacy technicians are involved in remote work.

Attachment 1 includes a copy of the language and the written comment provided.

b. Discussion and Consideration of Changes to the Board's Sample CPA Related to MAT to Remove Reference to Data 2000 Waiver

Background

In October 2020 the Board released a [sample collaborative practice agreement](#) (CPA) for pharmacists to provide medication-assisted treatment (MAT) to patients with opioid use disorder (OUD) in collaboration with a medical care provider.

More recently, and related to MAT, the Board approved draft a protocol that, once approved through the rulemaking process, will provide a means for pharmacists to independently furnish MAT.

Summary of Committee Discussion

Members noted that changes in federal legislation to expand access to MAT. In support of this action, the DATA Waiver requirement was removed and an update of the Board's sample CPA to remove this requirement is appropriate.

Members noted that although pharmacists will have the authority to independently furnish MAT once the Board's draft regulations are approved, the CPA provides another means to expand access to MAT.

Attachment 2 includes a draft of the updated sample CPA.

c. Discussion and Consideration of Possible Regulations to Implement Government Code Section 16.5 Related to Digital Signatures and Development of Policy State to Facilitate Implementation of Digital Signatures on Applications and Other Notices

Relevant Law

[Government Code Section 16.5](#) generally provides the authority for a public entity to accept digital signatures under specified conditions, including that the digital signature meets specific attributes detailed in the law. This section makes clear that use or acceptance of a digital signature shall be at the option of the parties, and nothing shall require a public entity to use or permit the use of a digital signature.

[Title 2, Division 7, Chapter 10 of the California Code of Regulations](#) generally further defines Government Code section 16.5, including two forms of acceptable technology, including "public key cryptography" and "signature dynamics."

Background

Licenses and applicants are looking for alternative means to interact with the Board. Long term solutions to automate interactions with the Board will be through the Board's Business Modernization Activities currently underway. However, there are interim steps the Board can take to ease some of the current challenges licenses and applicants experience specifically related to signature requirements.

After reviewing the requirements established in regulations, Board staff recommends use of digital signatures that meet the requirements of public key cryptography. DocuSign is one example of the public key cryptography.

Summary of Committee Discussion

During the meeting, members discussed the issue and requirements for digital signatures. Members noted support for the draft policy statement developed as a means to facilitate acceptance of digital signatures immediately as well as support for the development of regulation language to formalize the requirements.

Public comment was received in support of the policy.

As a quorum of members was not present during the meeting, should members wish to implement the policy, action by the Board is necessary. Provided below is a possible motion that could be used:

Recommend Motion: Approve the draft policy statement to establish the requirements for digital signatures including the use of public key cryptography as the acceptable technology as provided in the meeting materials.

Attachment 3 includes a possible policy statement that could be used to facilitate communication to stakeholders about the Board's transition to accepting digital signatures.

d. Discussion and Consideration of Licensing Statistics

Licensing statistics through from July 1, 2022 – March 31, 2023, are provided in **Attachment 4**. The statistics have been updated since the April Licensing Committee.

Since July 1, 2022, the Board has received 10,403 initial applications, including:

- 1,194 intern pharmacists
- 1,889 pharmacist exam applications (635 new, 1,254 retake)
- 129 advanced practice pharmacists
- 4,053 pharmacy technicians
- 281 community pharmacy license applications (280 PHY - 13 chain, 265 nonchain, 1 PHR)
- 50 sterile compounding pharmacy license applications (37 LSC, 13 NSC)
- 92 nonresident pharmacy license applications
- 11 hospital pharmacy license applications

Since July 1, 2022, the Board has received 358 requests for temporary site license applications, including:

- 201 community pharmacy license applications
- 22 sterile compounding pharmacy license applications
- 52 nonresident pharmacy license applications
- 9 hospital pharmacy license applications

As of March 31, 2023, the Board has issued 5,889 individual licenses, including:

- 1,214 intern pharmacists
- 1,598 pharmacists
- 120 advanced practice pharmacists
- 2,514 pharmacy technicians

As of March 31, 2023, the Board has issued 400 site licenses without temporary license requests, including:

- 177 automated drug delivery systems (173 AUD, 4 APD)
- 51 community pharmacies
- 0 hospital pharmacies

As of March 31, 2023, the Board has issued 252 temporary site licenses, including:

- 154 community pharmacies
- 7 hospital pharmacies

Processing Times

Site Application Type	Application Processing Times as of 3/24/2023	Application Processing Times as of 4/7/2023	Application Processing Times as of 4/12/2023	Deficiency Mail Processing Times as of 3/24/2023	Deficiency Mail Processing Times as of 4/7/2023
Pharmacy	121	135	140	164	156
Nonresident Pharmacy	164	172	134	185	242
Sterile Compounding	43	50	28	23	68
Nonresident Sterile Compounding	14	11	16	Mail combined with Sterile	Mail combined with Sterile
Outsourcing	Current	Current	Current	Current	11
Nonresident Outsourcing	Current	14	19	103	78
Hospital Satellite Compounding Pharmacy	Current	Current	Current	Current	32
Hospital	7	21	26	78	92
Clinic	31	45	50	8	22
Wholesaler	87	100	105	155	115
Nonresident Wholesaler	112	126	131	Combined with Wholesaler	Combined with Wholesaler
Third-Party Logistics Provider	39	53	58	Combined with Wholesaler	Combined with Wholesaler
Nonresident Third-Party Logistics Provider	105	105	112	Combined with Wholesaler	Combined with Wholesaler
Automated Drug Delivery System	8	22	30	Current	Current
Automated Patient Dispensing System	Current	Current	Current	Current	Current
Emergency Medical Services Automated Drug Delivery System	Current	Current	Current	Current	Current

Individual Application Type	Application Processing Times as of 3/24/2023	Application Processing Times as of 4/7/2023	Application Processing Times as of 4/12/2023	Deficiency Mail Processing Times as of 3/24/2023	Deficiency Mail Processing Times as of 4/7/2023
Exam Pharmacist	14	8	13	Current	9
Pharmacist Initial Licensure	Current	Current	Current	Current	Current
Advanced Practice Pharmacist	49	56	9	39	53
Intern Pharmacist	23	10	15	31	45
Pharmacy Technician	81	80	72	9	15
Designated Representative	129	39	20	79	93
Designated Representatives-3PL	10	24	29	Combined with Designated Representative	Combined with Designated Representative
Designated Representatives -Reverse Distributor	23	37	Current	Combined with Designated Representative	Combined with Designated Representative
Designated Paramedic	Current	Current	Current	Combined with Designated Representative	Combined with Designated Representative

Attachment 1

Draft Statutory Proposal: Community Pharmacy Remote Processing

(a) A pharmacist licensed in California, employed by and acting on behalf of a pharmacy licensed in California may, from any location outside of the licensed pharmacy and within California, perform certain remote functions, only where:

(1) The remote functions performed are limited to: order entry and other data entry; prospective drug utilization review; interpretation of clinical data; insurance processing; therapeutic intervention; provision of drug information; authorizing medication release for administration; or other pharmacist clinical services authorized in this chapter.

(2) The pharmacist-in-charge for the pharmacy has made and signed, under penalty of perjury, a written determination that (a) remote work by pharmacists is necessary to enable provision of improved direct patient care by pharmacists working in the pharmacy, and (b) reliance on remote work by pharmacists will not be used as a means to, or lead to, reduced staffing levels in the pharmacy, and on those grounds the pharmacist-in-charge authorizes remote functions, and the pharmacy has provided that writing to the board. The board may request a renewal of this writing on an annual basis or more frequently where circumstances warrant. The pharmacy shall also keep and maintain a copy consistent with the provisions of sections 4081 and 4105.

(3) Each pharmacist who will be performing remote functions has signed, under penalty of perjury, a written consent form designating the location from which that pharmacist will perform remote functions, certifying that the location is secure, acknowledging that the board may inspect that location, and consenting to such inspection. Each signed consent shall be provided to the board. The pharmacy shall also keep and maintain a copy of each signed consent consistent with the provisions of sections 4081 and 4105.

(4) The pharmacy, under the supervision of the pharmacist-in-charge, has developed and implemented policies and procedures that outline the authorized functions to be performed and describe methods for protecting the confidentiality and integrity of patient information. The policies and procedures shall expressly prohibit the removal of written, printed, or electronic pharmacy records from the pharmacy in hardcopy or on an electronic storage device, and the printing and storage of protected health information on a device that is outside of the licensed pharmacy. The policies and procedures shall be made available to the board upon request.

(5) The pharmacy, under the supervision of the pharmacist-in-charge, has ensured that each pharmacist designated to perform remote functions is trained on the scope and limitations of such services, and on the pharmacy's policies and procedures.

(b) Each pharmacy authorizing pharmacists to perform remote functions shall ensure:

(1) That all such pharmacists have secure electronic access to the pharmacy's patient information and to other electronic systems accessible by onsite pharmacists during business hours. A pharmacy's system shall always use biometrics or similar technology to ensure the identity of any pharmacist working remotely. Pharmacists working remotely cannot use portable electronic devices or laptop computers to perform such functions.

(2) That each record created, viewed, modified, or deleted by a pharmacist working remotely complies with all recordkeeping requirements for pharmacies established in this chapter, including capturing the positive identification of the pharmacist involved in the remote review and verification of a medication order or prescription. A pharmacy shall continue to maintain records of all medication orders and prescriptions orders in the pharmacy's information system. Such records shall be reviewed by the pharmacist-in-charge to confirm compliance. All records shall be maintained in an auditable form detailing each access to a record, whether onsite or remote. All records shall be kept in accordance with section 4081 and be readily retrievable as required in section 4105.

(c) Any pharmacy, pharmacist-in-charge, or pharmacist that discovers any violation or possible violation of the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191) or the Confidentiality of Medical Information Act (Civ. Code, § 56 et seq.), shall, within 30 days of such discovery, report the incident to the board. In addition to any other enforcement action that may be taken by the board, a violation of this sort may result in the issuance of a citation pursuant to the citation and fine authority of the board, with a fine not to exceed \$[fine amount] per occurrence.

(d) Nothing in this subdivision shall authorize a pharmacist to dispense a drug or perform final product verification via remote connection or without being present.

(e) Notwithstanding any other provision of law, a violation of this section may subject the person or entity that has committed the violation to either a fine of up to ten thousand dollars (\$10,000) for the first occurrence pursuant to a citation issued by the board or a civil penalty of ten thousand dollars (\$10,000) for the first occurrence. A second violation of this section may subject the person or entity that has committed the violation to either a fine of up to fifty thousand dollars (\$50,000) or a civil penalty of fifty thousand dollars (\$50,000) for the second occurrence. Any subsequent violation of this section may subject the person or entity that has committed the violation to either a fine of up to two hundred fifty thousand dollars (\$250,000) or a civil penalty of two hundred fifty thousand dollars (\$250,000) for all subsequent occurrences.



RECEIVED

APR 11 2023

California State
Board of Pharmacy

Seung Oh, Chairperson
Licensing Committee
California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Dear Chairperson Oh:

My name is Erik Clausen and I serve as the Pharmacist-in-Charge for Brava CA, LLC, ("Brava CA") a compounding pharmacy located in Novato, CA specializing in veterinary medicine. Brava is committed to provide high quality compounded medications to veterinary patients both in California and throughout the United States. I would like to take the opportunity to thank the committee for the opportunity to provide comments to the proposed updates to California's regulations related codifying remote processing of prescription orders.

Brava CA is affiliated with other pharmacies (both in-state and out-of-state) and the option to support our pharmacy operations using remote based staff has proven an effective solution to work force challenges both pre and post pandemic. The ability of affiliate pharmacies with shared client database and policies to assist each other with remote entry or preliminary prescription verification helps maintain service levels across our organizations without the need to seek temporary help. The current job market remains competitive and providing the option to perform limited tasks outside of the pharmacy (and for the most part work-from-home) enables us to retain and attract employees so we may deliver our pet patient medications in a timely manner. We continue to find the market challenging to hire staff and providing some ability for flexibility has been an incentive that current and prospective employees value and appreciate.

Under the current waiver, our pharmacy limits remote processing to order entry and the initial prescription verification process. All work is handled electronically using laptops provided by the pharmacy with a number of industry standard security measures to ensure the protection of our pet patient information. We are very concerned regarding the proposed provision allowing the board to send inspectors to the location of the remote worker (which is often their home or may be a location outside of California). This seems very intrusive to employees working from a home location, and is not a standard practice in other states which allow remote processing, nor is it for other highly regulated industries which allow remote work (and also deal with very sensitive information). We believe that employees will not want the option of remote work if they must sign a consent form to allow board inspectors to come into their home, especially when the functions that are being fulfilled outside of the pharmacy are limited to data entry and review of that data.

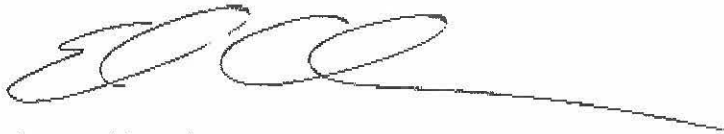
Brava CA LLC
8 Digital Drive, Suite 104
Novato, CA 94949

Further, while the Covid 19 waivers allowed for pharmacy technicians to perform order entry remotely, the current proposal is limited to pharmacists only. We continue to struggle to staff the pharmacy technician role and providing the option with some flexibility has enabled us to retain and recruit staff here. We encourage the board that with allowing remote processing, it not be limited to just pharmacists, but allows for all staff (which the California rules already address the functions that may be completed by pharmacy staff, pharmacy technicians or a pharmacist). This will provide the least disruption to pharmacy operations and allow pharmacies to adapt to current market trends.

Our final comment is related to the proposed policy statement regarding digital signatures. We fully support the Board adopting a policy to accept digital signatures as proposed.

Thank you again for your consideration on these matters.

Sincerely,

A handwritten signature in black ink, appearing to read 'Erik Clausen', with a long horizontal line extending to the right.

Erik Clausen, PharmD
General Manager and Pharmacist-in-Charge

Attachment 2

SAMPLE

Collaborative Practice Agreement:

Pharmacist Protocol for Management of Opioid Use Disorders

- I. Authority: California Business and Professions Code §§ 4050-4052.2.
- II. Purpose: To formally identify the function that the undersigned pharmacist(s) may perform in providing drug therapy management to patients with opioid use disorder (OUD) in collaboration with the undersigned provider(s) consistent with the policies, procedures, and protocols of the undersigned [provider or prescriber].
- III. Referral criteria
 - a. Patients with a known or suspected opioid use disorder are referred by a provider, patient care team member, or
 - b. By patient self-referral.
- IV. Pharmacist may perform the following authorized functions in accordance with this protocol and the standards of care for the treatment of opioid use disorder:
 - a. Assessment of opioid use disorder including physical and laboratory examination for signs and symptoms of opioid use and opioid use disorder sequelae.
 - b. Medication Management
 - i. Initiate, modify, discontinue, and administer medications for the treatment of opioid withdrawal symptoms including but not limited to alpha-2 agonists, antiemetics, antihistamines, anticonvulsants,

antidiarrheal agents, analgesics, and sedative-hypnotics.

- ii. Initiate, modify, discontinue, and administer formulations of buprenorphine indicated for OUD in collaboration with a DATA 2000 waived prescriber.
 - iii. Initiate, modify, discontinue, and administer naltrexone for opioid use disorder.
 - iv. Initiate, modify, discontinue, and administer naloxone for overdose prevention.
 - v. Initiate, modify, discontinue, and administer medications for the treatment of opioid induced side effects.
- c. Develop a treatment plan for opioid use disorder including referral to medical services, case management, psychosocial services, substance use counseling, and residential treatment as indicated.
- i. For patients who self-refer to the pharmacist for treatment, the pharmacist will have direct communication with the collaborating physician to review the treatment plan by a method and frequency determined by the collaborating physician.

V. Documentation

- a. The pharmacist's assessment, clinical findings, and plan of care will be documented in a health record mutually accessible by the referring provider, collaborating physician, and/or primary care provider. If a mutually accessible health record is not available documentation will be shared via facsimile or other secured communication platform.

VI. References

- a. Substance Abuse and Mental Health Services Administration. Medications for Opioid Use Disorder. Treatment Improvement Protocol (TIP) Series 63. HHS Publication No. (SMA) 18-5063EXSUMM. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.

VII. Signatures

Physician	License #	Date
Sign		

Pharmacist	License #	Date
Sign		

This collaborative practice agreement remains in effect unless withdrawn by either party.

Attachment 3

Draft Policy Statement – Digital Signatures

The Board is aware of some licensees' and applicants' desire to submit documents with digital signatures. Government Code Section 16.5 establishes authority for government agencies to accept digital signatures that meet specified conditions. "If a public entity elects to use a digital signature, that digital signature shall have the same force and effect as the use of a manual signature if and only if it embodies all of the following attributes:"

- (1) It is unique to the person using it.
- (2) It is capable of verification.
- (3) It is under the sole control of the person using it.
- (4) It is linked to data in such a manner that if the data is changed, the digital signature is invalidated,
- (5) It conforms to regulations adopted by the Secretary of State.

The Secretary of State has established regulations specifying acceptable technologies for acceptance of digital signatures and designates Public Key Cryptography as an acceptable technology. (Cal. Code Regs., tit.2 § 22003.)

While the Board has not established any formal rules requiring the use of digital signatures, it understands that stakeholders are interested in using digital signatures. The Board will not require any applicant or licensee to provide information using a digital signature in lieu of a wet signature; however, in the interest of meeting stakeholder requests, the Board will accept documents that are digitally signed using technology known as Public Key Cryptography consistent with the regulations established by the Secretary of State in Section 22003 as cited above.

Attachment 4

CALIFORNIA STATE BOARD OF PHARMACY
 QUARTERLY LICENSING STATISTICS FISCAL YEAR 2021/2022

APPLICATIONS RECEIVED

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	100	98	119	0	317
Designated Representatives Vet (EXV)	0	3	0	0	3
Designated Representatives-3PL (DRL)	34	17	41	0	92
Designated Representatives-Reverse Distributor (DRR)	33	0	1	0	34
Designated Paramedic (DPM)	1	0	0	0	1
Intern Pharmacist (INT)	985	99	110	0	1,194
Pharmacist Exam Applications	296	152	187	0	635
Pharmacist Retake Exam Applications	476	441	337	0	1,254
Pharmacist Initial License Application (RPH)	716	657	205	0	1,578
Advanced Practice Pharmacist (APH)	53	42	34	0	129
Pharmacy Technician (TCH)	1,405	1,272	1,376	0	4,053
Total	4,099	2,781	2,410	0	9,290

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	80	56	97	0	233
Automated Drug Delivery System (ADD(APD))	2	0	1	0	3
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	1	0	0	1
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	168	17	32	0	217
Clinics Government Owned (CLE)	12	12	16	0	40
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	4	1	6	0	11
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	1	0	0	1
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	2	3	0	5
Correctional Pharmacy (LCF)	1	0	0	0	1
Outsourcing Facility (OSF)	0	0	1	0	1
Outsourcing Facility Nonresident (NSF)	4	1	1	0	6
Pharmacy (PHY)	80	83	102	0	265
Pharmacy (PHY) Chain	9	3	1	0	13
Pharmacy Government Owned (PHE)	0	2	0	0	2
Remote Dispensing Pharmacy (PHR)	1	0	0	0	1
Pharmacy Nonresident (NRP)	25	24	43	0	92
Sterile Compounding (LSC)	11	9	15	0	35
Sterile Compounding Government Owned (LSE)	0	0	2	0	2
Sterile Compounding Nonresident (NSC)	5	4	4	0	13
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	1	1	2	0	4
Third-Party Logistics Providers Nonresident (NPL)	12	12	9	0	33
Veterinary Food-Animal Drug Retailer (VET)	2	0	0	0	2
Wholesalers (WLS)	18	6	20	0	44
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	27	38	23	0	88
Total	462	273	378	0	1,113

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

Applications Received with Temporary License Requests	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Drug Room -Temp (DRM)	0	0	0	0	0
Hospitals - Temp (HSP)	3	2	4	0	9
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0	0
Outsourcing Facility - Temp (OSF)	0	0	1	0	1
Outsourcing Facility Nonresident - Temp (NSF)	1	0	0	0	1
Pharmacy - Temp (PHY)	65	63	73	0	201
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	16	17	19	0	52
Sterile Compounding - Temp (LSC)	6	5	3	0	14
Sterile Compounding Nonresident - Temp (NSC)	4	1	3	0	8
Third-Party Logistics Providers - Temp (TPL)	1	2	1	0	4
Third-Party Logistics Providers Nonresident - Temp (NPL)	4	3	1	0	8
Veterinary Food-Animal Drug Retailer - Temp (VET)	2	0	0	0	2
Wholesalers - Temp (WLS)	7	3	6	0	16
Wholesalers Nonresident - Temp (OSD)	15	18	9	0	42
Total	124	114	120	0	358

LICENSES ISSUED

Individual Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	82	141	110	0	333
Designated Representatives Vet (EXV)	0	0	1	0	1
Designated Representatives-3PL (DRL)	32	44	26	0	102
Designated Representatives-Reverse Distributor (DRR)	3	2	1	0	6
Designated Paramedic (DPM)	0	1	0	0	1
Intern Pharmacist (INT)	970	158	86	0	1,214
Pharmacist (RPH)	735	658	205	0	1,598
Advanced Practice Pharmacist (APH)	46	60	14	0	120
Pharmacy Technician (TCH)	1,211	834	469	0	2,514
Total	3,079	1,898	912	0	5,889

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	35	50	88	0	173
Automated Drug Delivery System (ADD(APD))	2	0	1	0	3
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	1	0	1
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	14	9	163	0	186
Clinics Government Owned (CLE)	14	14	7	0	35
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)	2	0	0	0	2
Hypodermic Needle and Syringes (HYP)	2	0	0	0	2
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	0	0	0	1
Pharmacy (PHY)	14	14	19	0	47
Pharmacy Government Owned (PHE)	2	1	1	0	4
Remote Dispensing Pharmacy (PHR)	0	0	0	0	1
Pharmacy Nonresident (NRP)	10	7	11	0	28
Sterile Compounding (LSC)	6	4	7	0	17
Sterile Compounding Government Owned (LSE)	1	1	0	0	2
Sterile Compounding Nonresident (NSC)	1	0	1	0	2
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	1	1	1	0	3
Third-Party Logistics Providers Nonresident (NPL)	0	8	3	0	11
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	5	1	7	0	13
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	19	14	10	0	43
Total	129	124	320	0	574

Site Temporary Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Drug Room -Temp (DRM)	0	0	0	0	0
Hospitals - Temp (HSP)	3	0	4	0	7
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0	0
Outsourcing Facility - Temp (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0	0
Pharmacy - Temp (PHY)	55	47	52	0	154
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	16	11	9	0	36
Sterile Compounding - Temp (LSC)	10	4	5	0	19
Sterile Compounding Nonresident - Temp (NSC)	0	1	0	0	1
Third-Party Logistics Providers - Temp (TPL)	0	1	0	0	1
Third-Party Logistics Providers Nonresident - Temp (NPL)	0	5	1	0	6
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesalers - Temp (WLS)	1	4	2	0	7
Wholesalers Nonresident - Temp (OSD)	6	7	8	0	21
Total	91	80	81	0	252

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

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Designated Representatives (EXC)	316	273	179	0
Designated Representatives Vet (EXV)	8	11	7	0
Designated Representatives-3PL (DRL)	101	73	81	0
Designated Representatives-Reverse Distributor (DRR)	4	1	1	0
Designated Paramedic (DPM)	1	0	0	0
Intern Pharmacist (INT)	182	82	78	0
Pharmacist (exam not eligible)	1,403	1,276	1,099	0
Pharmacist (exam eligible)	1,557	894	955	0
Advanced Practice Pharmacist (APH)	102	84	104	0
Pharmacy Technician (TCH)	1,103	1,414	2,031	0
Total	4,777	4,108	4,535	5,908

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD(AUD))	168	171	183	0
Automated Drug Delivery System (ADD(APD))	45	45	45	0
Automated Drug Delivery System EMS (ADE)	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	1	0	0
Centralized Hospital Packaging Government Owned (CHE)	1	1	1	0
Centralized Hospital Packaging (CHP)	2	1	1	0
Clinics (CLN)	263	264	131	0
Clinics Government Owned (CLE)	24	8	17	0
Drug Room (DRM)	2	2	2	0
Drug Room Government Owned (DRE)	0	0	0	0
Hospitals (HSP)	7	8	8	0
Hospitals Government Owned (HPE)	1	1	2	0
Hospital Satellite Sterile Compounding (SCP)	1	2	2	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0
Hypodermic Needle and Syringes (HYP)	12	15	17	0
Correctional Pharmacy (LCF)	0	0	0	0
Outsourcing Facility (OSF)	0	0	1	0
Outsourcing Facility Nonresident (NSF)	9	9	10	0
Pharmacy (PHY)	196	215	233	0
Pharmacy Government Owned (PHE)	7	8	7	0
Remote Dispensing Pharmacy (PHR)	5	5	5	0
Pharmacy Nonresident (NRP)	176	169	193	0
Sterile Compounding (LSC)	59	56	59	0
Sterile Compounding - Government Owned (LSE)	9	9	11	0
Sterile Compounding Nonresident (NSC)	23	19	21	0
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0
Third-Party Logistics Providers (TPL)	4	3	4	0
Third-Party Logistics Providers Nonresident (NPL)	68	63	67	0
Veterinary Food-Animal Drug Retailer (VET)	2	2	2	0
Wholesalers (WLS)	58	59	70	0
Wholesalers Government Owned (WLE)	1	1	1	0
Wholesalers Nonresident (OSD)	122	137	142	0
Total	1,097	1,103	1,052	0

Applications Pending with Temporary Licenses Issued - Pending Full License	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Drug Room -Temp (DRM)	1	0	0	0
Hospitals - Temp (HSP)	4	2	3	0
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0
Outsourcing Facility - Temp (OSF)	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0
Pharmacy - Temp (PHY)	108	97	87	0
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	41	19	18	0
Sterile Compounding - Temp (LSC)	13	12	6	0
Sterile Compounding Nonresident - Temp (NSC)	1	1	1	0
Third-Party Logistics Providers - Temp (TPL)	0	0	0	0
Third-Party Logistics Providers Nonresident - Temp (NPL)	1	3	1	0
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0
Wholesalers - Temp (WLS)	1	4	2	0
Wholesalers Nonresident - Temp (OSD)	7	5	8	0
Total	177	143	126	0

APPLICATIONS WITHDRAWN

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	0	1	106	0	107
Designated Representatives Vet (EXV)	0	0	3	0	3
Designated Representatives-3PL (DRL)	0	2	6	0	8
Designated Representatives-Reverse Distributor (DRR)	0	1	0	0	1
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	0	35	24	0	59
Pharmacist (exam applications)	2	239	16	0	257
Advanced Practice Pharmacist (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	17	89	0	0	106
Total	19	367	155	0	541

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	2	3	0	0	5
Automated Drug Delivery System (ADD(APD))	0	0	0	0	0
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	1	0	0	1
Clinics (CLN)	3	8	2	0	13
Clinics Government Owned (CLE)	0	14	0	0	14
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	1	0	1	0	2
Hospitals Government Ownerd (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	1	0	0	2
Pharmacy (PHY)	5	5	10	0	20
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	0	9	0	0	9
Sterile Compounding (LSC)	2	3	2	0	7
Sterile Compounding - Government Owned (LSE)	1	0	0	0	1
Sterile Compounding Nonresident (NSC)	2	5	1	0	8
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	4	1	0	6
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	1	1	0	0	2
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	0	4	0	0	4
Total	18	55	17	0	90

APPLICATIONS DENIED

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	1	1	0	0	2
Designated Representatives Vet (EXV)	0	0	0	0	0
Designated Representatives-3PL (DRL)	0	0	0	0	0
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	0	0	3	0	3
Pharmacist (exam application)	3	2	3	0	8
Pharmacist (exam eligible)	0	0	0	0	0
Advanced Practice Pharmacist (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	8	10	11	0	29
Total	12	13	17	0	42

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	0	0	0	0	0
Clinics Government Owned (CLE)	0	0	0	0	0
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	2	0	0	0	2
Pharmacy (PHY)	3	3	6	0	12
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)	1	0	0	0	1
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	2	0	0	0	2
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	0	0	0	0	0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	0	0	0	0	0
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	0	0	0	0	0
Total	8	3	6	0	17

RESPOND TO STATUS INQUIRIES

Email Inquiries	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative Received	444	475	306	0	1,225
Designated Representative Responded	139	230	276	0	645
Advanced Practice Pharmacist Received	179	147	76	0	402
Advanced Practice Pharmacist Responded	99	150	39	0	288
Pharmacist/Intern Received	2,244	1,808	1,399	0	5,451
Pharmacist/Intern Responded	405	1,631	1,413	0	3,449
Pharmacy Technician Received	1,293	1,154	2,410	0	4,857
Pharmacy Technician Responded	1,498	1,111	662	0	3,271
Pharmacy Received	2,151	1,990	1,911	0	6,052
Pharmacy Responded	1,900	1,724	1,377	0	5,001
Sterile Compounding/Outsourcing Received	1,116	607	722	0	2,445
Sterile Compounding/Outsourcing Responded	1,015	510	498	0	2,023
Wholesale/Hypodermic/3PL Received	731	652	562	0	1,945
Wholesale/Hypodermic/3PL Responded	479	388	301	0	1,168
Clinic Received	287	279	230	0	796
Clinic Responded	265	240	150	0	655
Automated Drug Delivery Systems Received	96	56	47	0	199
Automated Drug Delivery Systems Responded	96	56	159	0	311
Pharmacist-in-Charge Received	1,096	1,320	767	0	3,183
Pharmacist-in-Charge Responded	1,006	1,261	1,135	0	3,402
Change of Permit Received	537	440	547	0	1,524
Change of Permit Responded	272	268	198	0	738
Renewals Received	2,080	1,965	2,161	0	6,206
Renewals Responded	1,821	1,683	1,822	0	5,326

Telephone Calls Received	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative	0	0	0	0	0
Advanced Practice Pharmacist	179	147	100	0	426
Pharmacist/Intern	865	1,653	1,305	0	3,823
Pharmacy	275	452	718	0	1,445
Sterile Compounding/Outsourcing	81	80	118	0	279
Wholesale/Hypodermic/3PL	97	0	50	0	147
Clinic	5	4	123	0	132
Automated Drug Delivery Systems	13	14	7	0	34
Pharmacist-in-Charge	116	134	177	0	427
Change of Permit	72	57	85	0	214
Renewals	1,255	1,079	1,750	0	4,084
Reception	18,430	15,224	20,886	0	54,540

UPDATE LICENSING RECORDS

Change of Pharmacist-in-Charge	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	616	590	551	0	1,757
Processed	627	642	526	0	1,795
Approved	659	575	556	0	1,790
Pending (Data reflects number of pending at the end of the quarter.)	295	305	296	0	n/a
Change of Designated Representative-in-Charge	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	48	41	35	0	124
Processed	46	46	36	0	128
Approved	66	59	38	0	163
Pending (Data reflects number of pending at the end of the quarter.)	61	42	39	0	n/a
Change of Responsible Manager	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	9	10	11	0	30
Processed	8	10	11	0	29
Approved	7	8	12	0	27
Pending (Data reflects number of pending at the end of the quarter.)	11	13	11	0	n/a
Change of Professional Director	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	44	35	11	0	90
Processed	31	31	13	0	75
Approved	52	55	15	0	122
Pending (Data reflects number of pending at the end of the quarter.)	70	45	41	0	n/a
Change of Permits	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	673	461	518	0	1,652
Processed	307	196	186	0	689
Approved	254	191	197	0	642
Pending (Data reflects number of pending at the end of the quarter.)	3,139	3,424	3,698	0	n/a
Discontinuance of Business	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	187	100	103	0	390
Processed	84	155	143	0	382
Approved	76	142	218	0	436
Pending (Data reflects number of pending at the end of the quarter.)	432	379	288	0	n/a
Intern Pharmacist Extensions	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	51	23	27	0	101
Processed	48	29	18	0	95
Completed	46	44	11	0	101
Pending (Data reflects number of pending at the end of the quarter.)	31	10	27	0	n/a
Requests Approved	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Address/Name Changes	3,192	2,381	2,578	0	8,151
Off-site Storage	24	24	18	0	66
Transfer of Intern Hours	9	14	6	0	29
License Verification	127	115	138	0	380

DISCONTINUED OF BUSINESS

discontinued by date of closure

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	12	0	0	0	12
Automated Drug Delivery System (ADD(APD))	0	0	0	0	0
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	1	0	0	0	1
Clinics (CLN)	3	15	2	0	20
Clinics Government Owned (CLE)	6	13	2	0	21
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	1	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	0	0	0	0
Correctional Pharmacy (LCF)	0	2	0	0	2
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	0	0	0	0	0
Pharmacy (PHY)	34	27	30	0	91
Pharmacy (PHY) Chain	97	11	20	0	128
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	6	4	7	0	17
Sterile Compounding (LSC)	19	8	4	0	31
Sterile Compounding Government Owned (LSE)	0	1	2	0	3
Sterile Compounding Nonresident (NSC)	2	0	0	0	2
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	1	1	2	0	4
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	4	3	2	0	9
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	4	4	5	0	13
Total	177	89	78	0	344

LICENSES RENEWED

Individual Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	524	544	690	0	1,758
Designated Representatives Vet (EXV)	13	7	10	0	30
Designated Representatives-3PL (DRL)	75	70	98	0	243
Designated Representatives-Reverse Distributor (DRR)	1	2	1	0	4
Designated Paramedic (DPM)	0	0	0	0	0
Pharmacist (RPH)	5,838	5,073	5,462	0	16,373
Advanced Practice Pharmacist (APH)	144	124	131	0	399
Pharmacy Technician (TCH)	7,517	7,166	7,159	0	21,842
Total	14,112	12,986	13,551	0	40,649

Site Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD)	80	669	32	0	781
Automated Drug Delivery System EMS (ADE)	0	0	1	0	1
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)	3	1	3	0	7
Clinics (CLN)	396	239	286	0	921
Clinics Government Owned (CLE)	34	795	16	0	845
Drug Room (DRM)	2	3	8	0	13
Drug Room Government Owned (DRE)	2	7	1	0	10
Hospitals (HSP)	57	156	87	0	300
Hospitals Government Owned (HPE)	38	21	3	0	62
Hospital Satellite Sterile Compounding (SCP)	2	1	0	0	3
Hospital Satellite Sterile Compounding Government Owned (SCE)	1	0	0	0	1
Hypodermic Needle and Syringes (HYP)	46	68	47	0	161
Correctional Pharmacy (LCF)	3	53	0	0	56
Outsourcing Facility (OSF)	1	2	0	0	3
Outsourcing Facility Nonresident (NSF)	3	4	5	0	12
Pharmacy (PHY)	687	2,512	1,254	0	4,453
Pharmacy Government Owned (PHE)	52	55	12	0	119
Remote Dispensing Pharmacy (PHR)	0	2	0	0	2
Pharmacy Nonresident (NRP)	87	136	160	0	383
Sterile Compounding (LSC)	132	275	129	0	536
Sterile Compounding Government Owned (LSE)	58	4	5	0	67
Sterile Compounding Nonresident (NSC)	10	13	12	0	35
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	11	2	9	0	22
Third-Party Logistics Providers Nonresident (NPL)	35	24	27	0	86
Veterinary Food-Animal Drug Retailer (VET)	4	2	6	0	12
Wholesalers (WLS)	110	82	106	0	298
Wholesalers Government Owned (WLE)	4	6	0	0	10
Wholesalers Nonresident (OSD)	182	142	175	0	499
Total	2,040	5,274	2,384	0	9,698

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

Individual Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Designated Representatives (EXC)	2,814	2,860	2,966	0
Designated Representatives Vet (EXV)	54	52	52	0
Designated Representatives-3PL (DRL)	419	446	470	0
Designated Representatives-Reverse Distributor (DRR)	10	12	13	0
Designated Paramedic (DPM)	3	4	4	0
Intern Pharmacist (INT)	5,788	5,438	5,337	0
Pharmacist (RPH)	49,458	49,791	49,904	0
Advanced Practice Pharmacist (APH)	1,084	1,143	1,156	0
Pharmacy Technician (TCH)	68,129	66,915	67,544	0
Total	127,759	126,661	127,446	0

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD(AUD))	1,035	1,008	1,052	0
Automated Drug Delivery System (ADD(APD))	58	58	59	0
Automated Drug Delivery System EMS (ADE)	1	1	1	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	1	0
Centralized Hospital Packaging Government Owned (CHE)	2	2	2	0
Centralized Hospital Packaging (CHP)	9	9	9	0
Clinics (CLN)	1,253	1,259	1,407	0
Clinics Government Owned (CLE)	928	930	924	0
Drug Room (DRM)	20	20	20	0
Drug Room Government Owned (DRE)	10	10	10	0
Hospitals (HSP)	394	394	397	0
Hospitals Government Owned (HPE)	78	77	77	0
Hospital Satellite Sterile Compounding (SCP)	4	4	4	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	4	4	4	0
Hypodermic Needle and Syringes (HYP)	237	237	237	0
Correctional Pharmacy (LCF)	59	58	57	0
Outsourcing Facility (OSF)	4	4	4	0
Outsourcing Facility Nonresident (NSF)	20	20	20	0
Pharmacy (PHY)	6,243	6,163	6,135	0
Pharmacy Government Owned (PHE)	139	139	140	0
Remote Dispensing Pharmacy (PHR)	2	2	2	0
Pharmacy Nonresident (NRP)	588	588	593	0
Sterile Compounding (LSC)	729	724	718	0
Sterile Compounding Government Owned (LSE)	104	105	102	0
Sterile Compounding Nonresident (NSC)	55	54	55	0
Surplus Medication Collection Distribution Intermediary (SME)	1	1	1	0
Third-Party Logistics Providers (TPL)	40	42	39	0
Third-Party Logistics Providers Nonresident (NPL)	122	134	134	0
Veterinary Food-Animal Drug Retailer (VET)	21	21	21	0
Wholesalers (WLS)	545	541	543	0
Wholesalers Government Owned (WLE)	13	13	13	0
Wholesalers Nonresident (OSD)	785	799	809	0
Total	12,468	12,413	12,538	0
Total Population of Licenses	140,227	139,074	139,984	0