



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



AUTOMATED DRUG DELIVERY SYSTEM LICENSE APPLICATION

Chapter 9, Division 2, Article 25

An “automated drug delivery system” (ADDS) means a mechanical system that performs operations or activities, other than compounding or administration, relative to the storage, dispensing, or distribution of drugs. An ADDS shall collect, control, and maintain all transaction information to accurately track the movement of drugs into and out of the system for security, accuracy, and accountability. The Board may issue an ADDS license to a California-located pharmacy with a current, valid, and active pharmacy license. An ADDS shall only be operated under the supervision of the pharmacy holding the ADDS license.

ADDS APPLICATION PROCESSING FEE: \$525

Include a check or money order made payable to the Board of Pharmacy. This fee is nonrefundable.

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

Automated unit dose system (AUDS): is an ADDS for storage and retrieval of unit doses of drugs for administration to patients by persons authorized to perform these functions.

Automated patient dispensing system (APDS): is an ADDS for storage and dispensing of prescribed drugs directly to patients pursuant to prior authorization by a pharmacist.

2. An ADDS shall be placed and operated inside an enclosed building, with a premises address, at a location approved by the Board in one of the following locations:

(Identify the type of location by checking one. Provide a copy of facility’s license)

- General Acute Care Hospital [BPC 4427.3(b)(2), HSC 1250(a)]
- Skilled Nursing Facility [BPC 4427.3(b)(2), HSC 1250(c) and (k)]
- Correctional Treatment Center [BPC 4427.3(b)(2), HSC 1250(j) and (l)]
- Other Health Facility Type [BPC 4427.3(b)(2), HSC 1250], Identify _____
- Adjacent to Pharmacy [BPC 4427.3(b)(1)]
- Board-Licensed Clinic [BPC 4427.3(b)(3)], Identify Type _____
- Other Facility Licensed by State [AUDS only, BPC 4427.65(a)(1)], Identify _____
- Jail, Youth Detention Facility, Other Non-CDCR Correctional Facility [AUDS only, BPC 4427.65(a)(2)]
- Medical Office [APDS only, BPC 4427.6(j)]

 Name of Facility where the ADDS will be Located Facility’s License Number

 Address of Facility where the ADDS will be Located: Street City State Zip Code

 Physical Location of the ADDS (List the exact location: i.e. Nursing station, Med Room 1, Building Number)

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

For Board Use ONLY

Date Processed _____

Processed By _____

ADD # _____

Date Issued _____

Issued By _____

Date Cashiered _____

Cashiering # _____

Amount Received _____

7. ADDS Compliance

- A. A copy of the policies and procedures in compliance with section 4427.3(c) of the Business and Professions Code shall be provided upon request.
- B. Is the functionality of the ADDS that the pharmacy is operating in compliance with Pharmacy Law?
 Yes No

ADDS Licensure Information

- Relocation of the ADDS shall require a new application for licensure.
- Replacement of an ADDS shall require notification to the Board within 30 days.
- A pharmacy that holds an ADDS license shall advise the Board in writing within 30 days if use of the ADDS is discontinued.
- The ADDS license shall be canceled by operation of law if the underlying pharmacy license is not current, valid and active.
- The ADDS license shall be renewed annually, and the renewal date shall be the same as the underlying pharmacy license.
- The ADDS original license and current renewal license shall be displayed on the ADDS machine in a place where it may be clearly read by the public.

The ADDS license will not be available to the public on the Board’s web site. The Board will email the PIC upon issuance of the ADDS license. Please allow 4-6 weeks to receive the physical license in the mail at the pharmacy. An ADDS license shall be renewed annually and the renewal date shall be the same as the underlying pharmacy license. The ADDS license shall be canceled by operation of law if the underlying pharmacy license is not current, valid and active.

APPLICANT AFFIDAVIT

The person signing below has the authority to bind the primary license and is listed on the license record with the Board. The Board is authorized to issue an automated drug delivery system pursuant to California Pharmacy Law.

A signature is required and must be an original dated signature or a digital signature that complies with the [Board’s Digital Signatures Policy Statement](#) located on the Board’s website. All documents with digital signatures shall be emailed to the Board.

I hereby certify that all statements, answers, and representations made in the foregoing application are true and accurate.

Signature of Authorized Owner/Officer Pharmacy	Printed Name	Date
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Signature of Pharmacist-in-Charge	Printed Name	Date
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