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Business, Consumer Services and Housing Agency
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LICENSING COMMITTEE REPORT

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a. Presentations Regarding Pharmacy Technician Certification Programs

Relevant Law

Business and Professions Code (BPC) section 4202 generally establishes the requirements for a pharmacy technician license and includes four pathways to licensure. One of these pathways is certification by a pharmacy technician certifying organization offering a pharmacy technician certification program accredited by the National Commission for Certifying Agencies that is approved by the Board. (See BPC section 4202(a)(4).)

California Code of Regulations, title 16, section 1793.65(a) specifies that the pharmacy technician certification programs approved by the Board are the Pharmacy Technician Certification Board (PTCB) and the National Healthcareer Association (NHA, which administers the ExCPT exam for pharmacy technician certification). Section 1793.65(b) establishes a December 31, 2024 sunset date for these program approvals.

BPC section 139 requires the Department of Consumer Affairs (DCA) to develop a policy regarding examination development and validation, and occupational analysis. The section further requires that every board within DCA have a method for ensuring that every licensing examination administered by or pursuant to contract with the board is subject to periodic evaluation, which must include:

1. A description of the occupational analysis serving as the basis for the examination;
2. Sufficient item analysis data to permit a psychometric evaluation of the items;
3. An assessment of the appropriateness of prerequisites for admittance to the examination; and
4. An estimate of the costs and personnel required to perform these functions.

Background

During the January 2024 meeting, members discussed pharmacy technician training programs, including employer-based training programs. Members noted that there appears to be great variability in the quality of such training programs and suggested the need for additional oversight of such training programs.

As part of the discussion, members also discussed work being performed by the DCA Office of Professional Examination Services, which is performing an occupational analysis that may help to inform the Committee of tasks and minimum requirements for pharmacy technician applicants. Members determined that presentations may be helpful to assist members in learning more about pharmacy technician certification programs and accreditation requirements.

Summary of Committee Discussion

During the April meeting, members received presentations by representatives of the PTCB and the NHA about their respective pharmacy technician certification programs.

PTCB Presentation: Members received an overview of PTCB's certification programs, including information on the administration of the Pharmacy Technician Certification Exam (PTCE). Members were advised that an occupational analysis is underway. Depending on the results, PTCB anticipates that updates to the PTCE will be implemented in 2026.

Members were also educated on the qualification requirements to take the PTCE including different pathways – completion of a recognized training program or through work experience. Members were advised about the various training programs that can be recognized by PTCB, including employer training, high school programs, military training programs, and school-associated programs (*e.g.*, college of pharmacy programs and certificate and degree programs).

Representatives from PTCB reviewed examination pass rates and indicated a slight drop in pass rates between 2021 and 2023.

The presentation also included discussion of a study that suggested that certified pharmacy technicians have greater profession commitment, greater general knowledge about and socialization toward the profession, and greater professionalism, maturity, and self-identity than noncertified technicians. An overview of the various credential and certification programs provided by PTCB was provided and requirements for the advanced CPhT credential were reviewed.

Committee Discussion of PTCB Presentation: In response to a question related to updated USP standards, members were advised that changes to USP resulted in changes to PTCB's certified compounded sterile preparation technician program.

Public Comment on PTCB Presentation: A member of public asked about the cost for the certification and suggested there is a shortage of pharmacy technicians. In response to the comment, members were advised that the costs for each of the various exams is available at PTCB.org.

NHA Presentation: Overviews of NHA and its parent company, Ascend Learning, were provided. Members were advised that NHA annually performs surveys of employers, which show that employers are increasingly requiring certification for their pharmacy technicians, and that employers are more likely to hire certified technicians.

Examination data was provided including pass rates for a number of allied health programs within NHA and an overview of the examination development process was provided. Members were informed that a new examination blueprint will be released in April 2024 and it is anticipated a new exam will be released in 2025. Exam pricing and certification renewal requirements were also reviewed.

Committee Discussion of NHA Presentation: Members asked why pass rates for pharmacy technicians are lower than other allied health professions. Members also noted an increase in the number of individuals seeking certification and were advised that NHA has seen an increase in the number of requests from customers.

No public comments were received in response to the NHA presentation.

Attachment 1 includes copies of the presentation slides for the respective presentations.

b. Presentation by the American Society of Health System Pharmacists Regarding Technician Training Program Accreditation

Relevant Law
BPC section 4038(b) defines a "pharmacy technician trainee" as a person who is enrolled in a pharmacy technician training program operated by a California public postsecondary education institution or by a private postsecondary vocational institution approved by the Bureau for Private Postsecondary and Vocational Education.

BPC section 4115.5 allows a pharmacy technician trainee to be placed in a pharmacy to complete an externship for the purpose of obtaining practical training required to become licensed as a pharmacy technician. This practical training has certain limitations as set forth in the law. For example, the externship shall be for a period of no fewer than 120 hours and no more than 140 hours, unless the externship includes a rotation between a community and hospital pharmacy, in which case the externship may be for a period of up to 340 hours. (See BPC section 4115.5(c).) The externship is also limited to a period of no more than six consecutive months in a community pharmacy setting and to a total of no more than 12 months if the externship involves rotation between a community and hospital pharmacy. (See BPC section 4115.5(d).)

BPC section 4202 generally establishes the requirements for a pharmacy technician license and includes four pathways to licensure, one of which is completing a course of training specified by the Board (see BPC section 4202(a)(2)).

California Code of Regulations, title 16, section 1793.6 further clarifies that a course of training specified by the Board is:

- Any pharmacy technician training program accredited by the American Society of Health-Systems Pharmacists (ASHP);
- Any pharmacy technician training program provided by a branch of the federal armed services for which the applicant possesses a certificate of completion; or
- Any other course that provides a training period of at least 240 hours of instruction covering specified content, and that also satisfies certain other requirements.

Background

As stated under the prior agenda item, during its January 2024 meeting, members expressed interest in learning more about national accreditation as a potential means to provide oversight to employer-based pharmacy technician training programs.

Programs accredited by the ASHP must comply with ASHP accreditation standards. ASHP also provides a Model Curriculum that provides details on how to meet the accreditation standards. The Model Curriculum includes standards and key elements for both entry-level and advanced-level pharmacy technician education and training. Currently, the Board accepts any ASHP-accredited program, regardless of level (*i.e.*, entry-level or advanced-level).

As part of the pharmacy technician license application process, the Board accepts an affidavit verifying completion of a training course. Where the applicant has completed an employer-based training course, the affidavit is signed, under penalty of perjury, by the pharmacist who provided the training.

As described under the background for the prior agenda item, members were interested in learning more about the ASHP accreditation program.

Summary of Committee Discussion
During the April meeting, members received a presentation by ASHP regarding pharmacy technician program accreditation.

ASHP Presentation: Members were provided with an overview of the accreditation program, which is a collaboration between the American Society of Health Systems Pharmacists (ASHP) and the Accreditation Council for Pharmacy Education (ACPE). Members were given information about ongoing work to update current accreditation standards and were advised there are about 250 accredited pharmacy technician programs.

Members were provided with an overview of the program requirements and flexibility that allows for remote learning. which. Members learned that a toolkit for hospital administrators is under development to help support and begin an accreditation program.

Members were provided with information about the two types of pharmacy technician programs: entry level and advanced level. The entry level program requires 400 hours of training, including 120 hours of didactic training, 50 hours of simulation training, 130 hours of experiential training, and an additional 100 hours in other areas as deemed appropriate by the faculty or program director. Advanced level programs require 600 hours of training, which includes 160 hours of didactic training, 100 hours of simulation training, 200 hours of experiential training, as well as 140 additional hours allocated as deemed appropriate by the program director.

Committee Discussion of ASHP Presentation: Members asked about the costs to applicants and were advised that, since this is accreditation of the training program (as opposed to certification of the individual technician), the employers and schools that provide the training program cover the cost of the ASHP accreditation. Members were further advised that the school or employer may also cover the cost of the certification exam for their students/employees.

Public Comment on ASHP Presentation: Public comment suggested that creating and maintaining an accreditation program can be very expensive for the school/employer and if accreditation becomes a requirement for all training programs this could be a barrier to licensure. The presenter noted that fees for accrediting pharmacy technician training programs are less than for accrediting residency programs.

Public comment also provided that some states require completion of an AHSP training program as a condition of licensure as a pharmacy technician, but that some of the states appear to be stepping back from the requirement.

Through public comment members were also advised that Walgreens has an ASHP-accredited training program as well as a separate training program for front end staff. Walgreens encourages pharmacy technicians to obtain certification and covers the costs of certification and recertification.

Following discussion on the presentations, members discussed the current limitations in the law limiting the types of training programs that allow for experience as a pharmacy technician trainee as a result of the statutory definition of that term in Business and Professions Code Section 4038. As there was general consensus among members that expansion of the definition of pharmacy technician trainee is appropriate, members will consider draft language at the July Committee meeting.

Attachment 2 includes a copy of the presentation slides.

c. Survey Results Received Related to Pharmacist to Pharmacy Technician Ratio

Relevant Law

Paragraph (1) of subdivision (g) of BPC section 4115 provides that a pharmacy with only one pharmacist shall have no more than one pharmacy technician performing the tasks specified in subdivision (a) of BPC section 4115.[1] This paragraph further provides that the ratio of pharmacy technicians performing the tasks specified in subdivision (a) to any additional pharmacist shall not exceed 2:1, except that this ratio shall not apply to personnel performing clerical functions pursuant to BPC sections 4116 or 4117, nor shall this ratio apply for the following:

[1] Subdivision (a) of BPC section 4115 states: "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. The pharmacist shall be responsible for the duties performed under their supervision by a technician."

1. An inpatient of a licensed health facility.
2. A patient of a licensed home health agency.
3. An inmate of a correctional facility of the Department of Corrections and Rehabilitation.
4. A person receiving treatment in a facility operated by the State Department of State Hospitals, the State Department of Developmental Services, or the Department of Veterans Affairs.

Paragraph (2) of subdivision (g) of BPC section 4115 provides authority for the Board to adopt regulations establishing the ratio of pharmacy technicians performing the tasks specified in subdivision (a) to pharmacists applicable to the filling of prescriptions of an inpatient of a licensed health facility and for a patient of a licensed home health agency.

California Code of Regulations, title 16, section 1793.7(f) specifies that for the preparation of a prescription for an inpatient of a licensed health facility and for a patient of a licensed home health agency, the ratio shall not be less than one pharmacist on duty for a total of two pharmacy technicians on duty.

Background

Over the years there have been several legislative attempts to change the ratio requirements. Further, the Board has received numerous requests from the public to schedule a discussion on the current ratio requirements. (**Note**: Legislation was recently introduced that would change the ratio in California to 1:6. This measure was considered by the Legislation and Regulation Committee during its meeting on April 11, 2024.)

A review of the National Association of Boards of Pharmacy (NABP) Survey of Pharmacy Law reveals a variety of different ratios established in different states. It is important to note that review of various state ratios does not necessarily provide an apples-to-apples comparison, as the licensing requirements and authorized functions for pharmacy technicians are not consistent and vary widely between states. Further, unlike in California, many states require individuals who are performing clerk/typist duties (*i.e.*, order entry/data entry) to be licensed as pharmacy technicians.[2]

With an understanding of these variances, below are examples of ratios established in some states.

[2] As noted above, in California the 2:1 ratio does not apply to personnel performing clerical functions. (See BPC section 4115(g)(1).)

- Several states appear to allow a 3:1or 4:1 ratio, with some states requiring that the ratio must include one or more pharmacy technicians that are certified by the PTCB.
- Some states have provisions that allow for a pharmacy manager to petition the state board of pharmacy to increase a ratio beyond the minimum established in their respective jurisdiction under specified conditions.
- At least one state establishes a ratio of 4:1, which allows for supervision of two registered pharmacy technicians and two unlicensed personnel.
- Other states have no ratio or specify that the pharmacist can determine the number of licensed pharmacy technicians.

During the Committee's October 2023 meeting, members and stakeholders considered a number of policy questions related to the current ratio and potential opportunities for change. After consideration, the Committee indicated its desire to develop a survey for pharmacists soliciting feedback on the issue of ratios.

More recently, during the January 2024 Committee meeting, members reviewed and approved a draft survey to solicit feedback from pharmacists on the topic. The survey was released on March 6, 2024, and ended March 25, 2024.

Summary of Committee Discussion

During the April meeting, members received a presentation on the results of the survey. Members requested that additional information be provided specifically related to survey results for pharmacists who are not in a position of management or serving as the pharmacist-in-charge.

Public comment suggested that the results of the survey seem consistent with feedback from a workgroup convened by the California Pharmacists Association. A request for survey data broken down by work setting was also made.

Other comments received suggested that most respondents noted that the current ratio is not appropriate and that broad expansion of the ratio is necessary.

Comments also suggested that the Board should consider an overall cap on the number of individuals that should be behind the counter in a pharmacy and that the Board's survey should have sought information about such data as well as solicited information about what protections a pharmacist believes

would be necessary if the ratio is increased. It was also suggested that the board develop a survey for pharmacy technicians to capture what they think about the ratio.

Public comment also suggested that the issue of liability needs to be parsed out, differentiating between administrative versus civil liability.

Following public comment, members were advised that this issue will be included in the Board's sunset report. Members noted that the survey results suggest that the current ratio is too low and that there appears to be a middle ground between the current ratio and ratio being proposed in SB 1365.

The Committee did not take action on this item.

Attachment 3 includes a summary of the survey results.

d. Implementation of Senate Bill 339 (Wiener, Chapter 1, Statutes of 2024), Related to HIV Preexposure Prophylaxis (PrEP) and Postexposure Prophylaxis (PEP), including Draft Emergency Regulations, and Possible Action to Initiate an Emergency Rulemaking and a Regular Rulemaking to Amend California Code of Regulations, Title 16, Section 1747

Relevant Law
BPC section 4052.02 provides authority for a pharmacist to initiate and furnish HIV preexposure prophylaxis (PrEP) under specified conditions. This section of the law was recently amended and requires the Board to adopt emergency regulations by October 31, 2024, to implement the provisions in accordance with CDC guidelines. The section further provides that the Board shall consult with the Medical Board of California in developing the regulations.

Background
Recent amendments to BPC section 4052.02 update the provisions of the law. These changes took effect February 6, 2024, following signature by the governor. Below are highlights of some of the changes.

- BPC section 4052.02(b) removes the specific referenced HIV medications that may be furnished. As amended, "preexposure prophylaxis" now means a prescription drug approved by the FDA or recommended by the CDC to reduce a person's chance of contracting HIV.
- BPC section 4052.02(e) provides authority for a pharmacist to furnish up to a 90-day course of PrEP under updated specified conditions.

- BPC section 4052.02(f) provides authority for a pharmacist to furnish PrEP beyond a 90-day course if all of the following conditions are met:
  - The pharmacist ensures the patient receives testing and follow-up care consistent with CDC guidelines.
  - The pharmacist documents, to the extent possible, the services provided and maintains records of PrEP furnished to each patient.
  - The pharmacist notifies the patient's PCP that the pharmacist completed the requirements specified in subdivision(f). If the patient does not have a PCP or refuses consent, the pharmacist must provide the patient a list of PCPs in the region.

To ensure compliance with the statutory provisions, following passage of SB 339, Board staff have been consulting with experts within the California Department of Public Health Office of AIDS on implementation activities, including proposed revisions to the Board's current PrEP regulations, California Code of Regulations, title 16, section 1747, and necessary updates to the Board's training program. Representatives from the Medical Board have also been consulted on the efforts underway.

In addition to updates to the regulations and training program, it appears appropriate for the Board to also develop materials to educate licensees about efforts to operationalize the furnishing of PrEP and PEP.

Several experts in HIV PrEP have been identified to assist with the identification of changes necessary to the Board's training program and development of educational materials. It is anticipated that recommended revisions to the training program will be completed in advance of the July 2024 Licensing Committee meeting. An update on the development of recommended educational materials will be provided during the meeting if available.

Summary of Committee Discussion and Action
During the April meeting, members considered draft regulation language to update 16 CCR section 1747. Members noted agreement with the proposed language and offered the following recommendation:

> **Committee Recommendation**: As an emergency exists by law, recommend initiation of an emergency rulemaking to amend California Code of Regulations, Title 16, section 1747 as proposed and a regular rulemaking to make the regulation amendments permanent. Authorize the executive officer to further refine the language consistent with the committee's discussion and to make any nonsubstantive changes prior to

presenting the proposed emergency and regular rulemakings to the Board.

Members received public comments supporting initiation of the emergency regulation but suggested that the records retention period was insufficient and not consistent with records maintained by other healthcare providers. The commenter urged the Board to increase the records retention requirement to eight years or ten years, citing examples.

Members did not update the language to change the records retention requirements but noted the need to evaluate the issue of records retention requirements more holistically and to include the issue in the Board's sunset report.

Attachment 4 includes a copy of the proposed amendments to 16 CCR section 1747 and written public comment.

e. Possible Amendment to California Code of Regulations, Title 16, Section 1713 Related to the Use of Automated Drug Delivery Systems

Relevant Law
BPC sections 4427 – 4427.7 generally establish the requirements for the use of automated drug delivery systems (ADDS) in California.

BPC section 4427.6 generally provides additional requirements for the use of automated patient dispensing systems (APDS). Specifically, subdivision (f) provides that all prescribed drugs and devices dispensed to a patient from an APDS for the first time shall be accompanied by a consultation conducted by a pharmacist licensed by the board via a telecommunications link that has two-way audio and video.

California Code of Regulations, title 16, section 1713(d) provides authority for a pharmacy to use an APDS to deliver prescription medications to patients under specified conditions, including that the pharmacy provides an immediate consultation with a pharmacist, either in-person or via telephone, upon the request of the patient.

Background
As cited above, Pharmacy Law requires that all prescriptions dispensed to a patient from an APDS for the first time include consultation that must be conducted by a pharmacist via a telecommunications link that has two-way audio and video. The Board's current regulation language, however, conflicts with the statute.

To address the conflict and to ensure licensees have a clear understanding of the requirements for first time dispenses from an APDS, Board staff recommended that the Committee consider amendments to 16 CCR section 1713.

Summary of Committee Discussion and Action
During the April meeting, members discussed proposed amendments to 16 CCR section 1713. Members noted that the language was a bit awkward and were advised by counsel about the reasons behind the construction of the language as proposed. The Committee considered alternate language which was determined to provide clearer direction to licensees. Following consideration, the Committee is offering the following recommendation:

> **Committee Recommendation**: Recommend initiation of a rulemaking to amend California Code of Regulations, Title 16, section 1713 consistent with the committee's discussion. Authorize the executive officer to further refine the language consistent with the committee's discussion and to make any nonsubstantive changes prior to presenting the proposed rulemaking to the Board.

Members received public comments that appeared to be in support of the motion.

Attachment 5 includes a copy of the updated proposed amendment to the regulation text consistent with the Committee's discussion.

f. Proposal to Establish Authority to Waive the Renewal Fee Requirement for Pharmacists Licensed Over 50 Years

Background
As part of the November 1-2, 2023 Board meeting, members received public comment requesting that the Board consider development of a process to allow for a stepdown pharmacist licensure category. Public comment suggested that the Board consider a model used in Nevada. Following the request the matter was referred to the Licensing Committee for consideration.

A review of relevant Nevada laws indicates that any person who has been registered as a pharmacist in Nevada for at least 50 years is not required to pay the fee for the biennial renewal of the certificate of registration as a registered pharmacist. (NAC 639.220.)

Staff notes that while Nevada law establishes provisions for an inactive pharmacist license (NAC 639.218), similar to the inactive licensure provisions in California, Nevada law requirements for reactivation are more robust.

Specifically, NAC 639.219 requires that if a pharmacist whose certificate of registration has been placed on inactive status wishes to resume the practice of pharmacy in Nevada, the pharmacist must submit evidence either (1) that they hold an active certificate, license, or registration to practice pharmacy in another state, or (2) that they have both (i) completed 30 units of CE within the 2 years immediately preceding the date on which the application for return to active status is filed **AND** (ii) passed a written continuing education examination on law provided by the Nevada Board of Pharmacy.

Summary of Committee Discussion
Members discussed the concept of reducing or eliminating the renewal fee of pharmacists that have been licensed for over 50 years. It was suggested that staff complete some additional research and report back on difference options as well as provide more information on the potential impact to the Board's fund condition.

Members received public comment suggesting that some retired pharmacists continue to work and indicating that some areas within California have a shortage of pharmacists. Comments suggested that the fiscal impact to the Board should not be the Board's primary concern.

Public comment also suggested that retired pharmacists are invaluable to teaching other pharmacists and noted the role retired pharmacists played in assisting with immunization administration during COVID.

Members also received comments in support of a reduced or eliminated renewal fee for pharmacists licensed over 50 years.

The Committee did not take action on this item. Staff will conduct additional research for further consideration at a future meeting.

g. Compounding by Pharmacy Technicians Outside of Pharmacies

Relevant Law
BPC section 4038 defines "pharmacy technician" as an individual who assists a pharmacist **in a pharmacy** in the performance of their pharmacy related duties, as specified in BPC section 4115.

Federal Food, Drug and Cosmetic Act Section 503A generally establishes the conditions under which a drug product may be compounded. The section provides in part that the compounding must be done in compliance with the United States Pharmacopoeia (USP) chapter on pharmacy compounding.

USP General Chapter <797> *Pharmaceutical Compounding – Sterile Preparations* describes the minimum requirements that apply to all persons who prepare compounded sterile preparations (CSPs) and all places where CSPs are prepared for human and animal patients. This includes pharmacists and technicians in all places including, but not limited to, medical and surgical patient treatment sites, infusion facilities, pharmacies, and physicians' and veterinarian practice sites.[3]

Background

As the Enforcement and Compounding Committee previously discussed before referral of this topic to the Licensing Committee, it is not uncommon for a pharmacy technician to be hired by a prescriber to perform compounding activities. Staff notes that in some instances it appears pharmacy technicians are specifically recruited to perform compounding in a physician's office, unlicensed infusion center, oncology clinic, IV hydration clinic, etc. Although the Board does not generally license these locations, inspector staff have inspected such practices and noted significant deviation from USP <797> requirements where pharmacy technicians are compounding, creating the potential for patient harm.

When a pharmacy technician compounds in a pharmacy, such activity can only be performed while assisting, and while under the direct supervision and control of, a pharmacist. (See BPC sections 4038(a) and 4115(a).) Similar oversight generally does not appear to exist outside of Board-licensed facilities, however.

Summary of Committee Discussion

During the April meeting, members began evaluation of the topic and considered several policy questions. Provided below is a summary of the Committee's discussion for each question considered.

1. Should the Board seek explicit authority to inspect locations where pharmacy technicians are performing compounding activities outside of licensed pharmacies? (Note: BPC Section 4008 may already provide the Board such authority; however, it may be beneficial to have more explicit authority.)

   Committee Discussion: Members discussed the issue and the patient safety issues that potentially arise. Members noted that pharmacy technicians may compound in a number of different environments, including locations that are not under the Board's jurisdiction. Members noted the Board's

[3] See <797> FAQs, #4, available at https://go.usp.org/USP_GC_797_FAQs

current authority and noted that inspection of facilities appears appropriate given the patient safety issues. Members also spoke about the need to maintain a compounding environment in specific conditions.

2. Should the Board develop educational materials to provide to other health care professional boards and associations reminding such entities of the Board's inspection authority?
   Committee Discussion: Members agreed that the development of education material is appropriate and should focus in two primary areas - - 1) the Board's authority to evaluate and inspect compounding environments, and 2) general information about what is required for compounding per the USP Compounding Chapters. As part of its discussion on this question, members noted that compounding is a high-risk activity and, as such, there is potential for harm.
3. Generally, the Board does not inspect facilities where compounding occurs outside of a board-licensed facility unless requested or referred to the Board for such action by another entity, *e.g.*, the FDA, FBI, DEA, etc. Does the Committee wish to provide direction to staff to proactively perform some inspections of such facilities to learn more about compounding practices?
   Committee Discussion: Members agreed that the Board should begin conducting some inspections of unlicensed locations where pharmacy technicians are compounding, but expressed concern about the potential impact to staff workload. Members suggested that the staff collaborate with the other healing arts boards and again noted the need to address patient safety concerns. Members appeared to agree that more oversight of these locations is necessary.
4. Does the Committee believe it is appropriate to allow for a pharmacy technician to compound under the direct supervision and control of a pharmacist when **outside** of a licensed pharmacy?
   Committee Discussion: Members generally agreed this is appropriate and some members suggested that the Board should hold pharmacy technicians accountable. Members noted there is huge variations in compounding, both in size and scope, environment, etc. Members expressed concerns about pharmacists and pharmacy technicians performing compounding outside of a licensed area.
5. Should the Board consider establishing a requirement for offices, clinics, etc. that are compounding but not currently licensed by the Board to provide notification to the Board that Board licensees are compounding at

their location, or alternatively require Board licensees to notify the Board if they are compounding outside of a Board-licensed facility?
Committee Discussion: Members generally spoke in support of a notification requirement but did not appear to have consensus on who should be responsible for the notification. Members suggested that notification could serve as the baseline to gain understanding of the practice. Members suggested that development of a self-assessment process or an attestation may be appropriate for these locations.

6. Should the Board develop educational materials reminding pharmacy technicians of the requirements of USP <797> and federal law related to compounding of drug preparations?
Committee Discussion: Members agreed that development of educational materials is appropriate. Members also noted that people may not realize how risky compounding can be.

   Members noted that this is an urgent patient safety issue and spoke in support of conducting some inspections to understand more about the compounding practices of pharmacy technicians outside of Board-licensed facilities, noting that inspections may help inform the Board moving forward.

   Public comment suggested that oncology clinics have pharmacy technicians compounding for high risk and immunocompromised patients and suggested that the Board may be surprised by the compounding practices in such clinics. Public comment also suggested that a change in the law may be appropriate that would require anybody that is ordering an injectable medication to be licensed by the Board for sterile compounding.

   Public comment also suggested that the Board focus on who is eligible for a license by the Board. Comments also suggested that the Board proceed cautiously to not dissuade a pharmacy technician from performing compounding in some of these locations as opposed to a medical assistant.

   The Committee also received public comment questioning if a pharmacy technician has the authority to compound.

h. Presentations on Central Fill Pharmacy Models

Relevant Law

California Code of Regulations, title 16, section 1707.4 generally provides authority for a pharmacy licensed by the Board to process a request for refill of a prescription received by a pharmacy within California under specified conditions including:

1. The pharmacy that is to refill the prescription either has a contract with the pharmacy which received the prescription or has the same owner as the originating pharmacy.
2. The prescription container meets labeling requirements and clearly shows the name and address of the pharmacy refilling the prescription and/or the name and address of the pharmacy which receives the refilled prescription for dispensing to the patient.
3. The patient is provided with written information that describes which pharmacy to contact if the patient has any questions about the prescription or medication.
4. Both pharmacies maintain complete and accurate records of the refill, as specified.
5. Both pharmacies shall each be responsible for ensuring the order has been properly filled.
6. The originating pharmacy is responsible for compliance with the requirements set forth in California Code of Regulations, title 16, sections 1707.1 (duty to maintain medication profiles), 1707.2 (duty to consult), and 1707.3 (duty to review drug therapy and patient medication record prior to delivery).

Background

As part of the October 2023 Committee meeting, members considered the Board's current regulations and several policy questions. Members received significant public comment during the meeting.

Following discussion, it was determined that changes to the Board's regulations are necessary to provide clarity on the Board's regulation of central fill pharmacies.

During the January 2024 meeting, members considered proposed amendments to 16 CCR section 1707.4. At the time of the discussion, members did not take action on the proposed language; however, the Committee requested presentations on central fill models used within California and nationally.

Summary of Committee Discussion

During the meeting members received presentations on central fill models used by Albertsons and Walgreens.

Albertsons Presentation: Members learned that central fill pharmacies are highly automated environments and that Albertson's central fill model is primarily used outside of California. In response to a question about medication errors, members were educated about some of the technology used in Albertsons' central fill facility as well as SOPs that are followed to establish checks and balances. Members were advised that about 2% of prescriptions that get filled in Albertsons' central fill facility are manually verified by a pharmacist. In addition, pharmacy technicians do random checks to ensure the counts are correct. Albertsons indicated that there have not been instances where the wrong medication made it to the patient in the 6 months since Albertsons' central fill facility has been operational.

Members were advised of the criteria used by Albertsons to determine if a central fill pharmacy can be used and learned that it is based on volume and proximity of the pharmacy and the central fill pharmacy and can also be used on a temporary basis to address issues based on a staffing need. Members were also advised that Albertsons is still rolling additional pharmacies into the central fill model to ramp up capacity. Members asked about pharmacists performing final product verification at the dispensing pharmacy and were advised that the dispensing pharmacists can perform the verification but Albertsons' procedures do not require such verification.

Members were advised that a central fill pharmacy can dispense about 20,000 prescriptions a day.

Public comment thanked the Committee for discussing the issue and noted appreciation for the presentation from Albertsons, but expressed concerns about the proposed amendments to 16 CCR section 1707.4.

Walgreens Presentation: Members were advised that Walgreens uses central fulfillment for workload balancing and that Walgreens currently has 11 central fill pharmacies supporting 32 states with plans to implement additional sites, including two sites in California. Members were informed that about 40% of prescriptions are filled in these central fill pharmacies where they are currently used. Members were provided with an overview of the process and the parameters used to determine if a prescription is eligible for central fill.

No public comment was received on the Walgreens presentation.

Following the presentations, members noted that they do not have sufficient information to discuss or take action on the proposed amendments to 16 CCR

section 1707.4 As a result the Committee deferred discussion on the central fill regulations.

Attachment 6 includes the presentation slides received.

i. Licensure and Other Requirements for Nonresident Pharmacies

Relevant Law
BPC section 4112 provides that any pharmacy located outside this state that ships, mails, or delivers, in any manner, controlled substances, dangerous drugs, or dangerous devices into this state shall be considered a nonresident pharmacy. The section also establishes the licensure requirements for such a pharmacy. As part of these requirements, a nonresident pharmacy shall not permit a pharmacist whose license has been revoked by the Board to provide any pharmacy-related service to a person residing in California.

BPC section 4120 also establishes some licensure requirements for nonresident pharmacies.

Background
During the October 2023 Committee meeting, members initiated discussion on requirements for mail order pharmacies and noted that generally, all pharmacies are regulated under the same legal requirements. Although the Board does have some regulations that may establish a unique requirement for a specified type of license (*e.g.*, central fill requirements discussed under the prior agenda item, or laws related to chain community pharmacies), generally all pharmacies must comply with the same laws. While this approach may allow for simplicity, it can also create some confusion. Further, a broad approach can at times lead to patient safety concerns.

As part of the Committee's initial consideration, discussion focused on mail order pharmacies. Members discussed the need for inspection authority for nonresident pharmacies and also voiced concerns about temperature control issues that may need to be addressed in the nonresident mail order pharmacy context.

Following discussion, members determined that the focus of the discussion should change to nonresident pharmacies more generally and that the issue may be appropriate for inclusion in the Board's upcoming sunset report.

As a reminder, separate from this discussion, the Board has previously voted to pursue a statutory change to require the pharmacist-in-charge of a nonresident pharmacy to be licensed in California. It is anticipated that this statutory proposal will be raised as part of the Board's sunset report.

Over the past two years the Board the Board has referred 11 nonresident pharmacies to the Office of the Attorney General for formal discipline and issued 39 citations. In addition, the Board took disciplinary action against 12 nonresident pharmacies. The underlying violations vary is egregiousness and include extremely serious causes of action including clearly excessive furnishing of controlled substances.

Summary of Committee Consideration
During the April meeting, members considered if additional statutory changes regarding nonresident pharmacies are appropriate to reduce potential harm to California consumers.

The Committee considered several policy questions.

1. The Committee has previously indicated that inspections should be performed at nonresident pharmacies. Does the Committee wish to establish a minimum frequency for conducting such inspections, *e.g.,* every four years?
   Committee Discussion: Members spoke in support of inspections of nonresident pharmacy facilities, but did not reach consensus on the frequency of such inspections.

2. Board staff has recently learned that some states are allowing pharmacists licensed in Canada to secure licensure and/or work in their respective state without taking the NAPLEX and/or law examination. Such individuals could then provide pharmacy-related services to California patients.
   a. Does the Committee have concerns with this practice?
      Committee Discussion: Some members expressed concerns with this while other requested additional information on Canadian licensing standards.
   b. Does the Committee wish to prohibit such practice like the approach taken for pharmacist licenses revoked in California?
   c. Does the Committee wish to require all pharmacists providing services into California to be licensed in California?
      Committee Discussion: Members considered these two questions together and discussed the potential for chain link reciprocity and the need to break that link. Members noted that additional discussion was necessary.

Public comment received encouraged the Board to consider how other jurisdictions evaluate nonresident pharmacies for compliance including accepting an inspection report from the resident state's regulatory agency. Some commenters suggested that the Board could review the results of such inspection reports and target conducting its own inspections where issues are identified.

Public comment also suggested that the NAPLEX is used as a licensing exam in Canada.

Some comments supported the Board conducting inspections of nonresident pharmacies but expressed concern with requiring all pharmacists to be licensed in California as this might be a barrier to patient care and would not impart a patient safety benefit.

Public comment also suggested that the Board explore licensure compacts or reciprocity and suggested that the Board's upcoming sunset report is an appropriate way to consider the issue.

Following public comments, some members noted that they would not be comfortable accepting another jurisdiction's inspection reports and that the Board should aim to conduct in-person inspections of nonresident pharmacies.

j. Proposed Amendments to Pharmacy Law to Transition to a More Robust Standard of Care Model for Some Pharmacist-Provided Patient Care Services

Relevant Law
Former BPC section 4301.3 required the Board to discuss whether moving to a standard of care enforcement model would be feasible and appropriate for the regulation of pharmacy, and to make recommendations to the Legislature about the outcome of its discussions through a report submitted to the Legislature on or before July 1, 2023.

BPC sections 4052 – 4052.10 generally establish the scope of practice for pharmacists.

BPC section 4301, subdivisions (v) and (w) establish as unprofessional conduct, actions or conduct that would subvert the efforts of a pharmacist or pharmacist-in-charge to comply with laws and regulations, or exercise professional judgment, including creating or allowing conditions that may interfere with a pharmacist's ability to practice with competency and safety or creating or allowing an environment that may jeopardize patient care.

BPC section 4306.5 establishes as unprofessional conduct acts or omissions that involve, in whole or in part, the inappropriate exercise of a pharmacist's education, training, or experience as a pharmacist, whether or not the act or omission arises in the course of the practice of pharmacy or the ownership, management, administration, or operation of a pharmacy or other entity licensed by the Board. The section further establishes as unprofessional conduct failure of a pharmacist to exercise or implement their best professional judgment or corresponding responsibility with regard to the dispensing or furnishing of controlled substances, dangerous drugs, or dangerous devices, or with regard to the provision of services. Also, the section provides that the failure to consult appropriate patient, prescription, or other records pertaining to the performance of any pharmacy function is unprofessional conduct, as is the failure to maintain and retain appropriate patient-specific information pertaining to the performance of any pharmacy function.

Background

Consistent with the legislative mandate of former BPC section 4301.3, the Board established an ad hoc committee to evaluate the issue and submitted its report as required. The Board's final recommendations included that the hybrid enforcement model used by the Board remains appropriate for the practice of pharmacy for consumer protection. The Board also noted that, based on the information received and considered, California patients would benefit from pharmacists gaining additional independent authority to provide patient care services, not limited to the traditional dispensing tasks performed at licensed facilities, consistent with their respective education, training, and experience.

The Board further recommended revisions to certain provisions detailing a pharmacist's authorized scope of practice for specified clinical patient care services and transition to a standard of care model for provisions of specified patient care services where sufficient safeguards are in place to ensure pharmacists retain autonomy to utilize professional judgment in making patient care decisions. The Board concluded that under those conditions, transitioning to greater use of a standard of care model in the provision of specified patient care services could benefit patients by providing expanded and timely access to patient care from suitably educated, trained, and experienced health care providers.

Summary of Committee Discussion

In preparation for the Board's upcoming sunset report, and to ensure sufficient time to finalize proposed statutory changes, at the April meeting members considered a legislative proposal to implement the recommendations from the Board's legislative report.

Provided below are highlights of the proposed changes and the relevant sections of law.

BPC section 4052: Consolidates various provisions of Pharmacy Law into this section and simplifies the language. Further, would make the following changes:

1. Would expand provisions for pharmacists to perform CLIA waived tests, beyond those currently allowed in BPC section 4052.4.
2. Would allow a pharmacist to perform a therapeutic interchange under specified conditions.
3. Would establish authority for pharmacists to furnish FDA approved or authorized medication that is preventative or does not require a diagnosis under specified conditions.
4. Would expand upon pharmacists' current authority to administer biologics and would allow a pharmacist to furnish an FDA approved or authorized noncontrolled medication for the treatment of minor, non-chronic health conditions or for which a CLIA waived test provides diagnosis and the treatment is limited in duration.
5. Would expand current authority for pharmacists to complete missing information on a noncontrolled medication is there is evidence to support the change.
6. Would expand authority for pharmacists to substitute medications that are generally considered interchangeable (*i.e.*, if insurance will only cover one medication but an interchangeable medication was prescribed.
7. Would allow for medication therapy management and adjust treatments to manage chronic conditions diagnosed by a prescriber to optimize drug therapy (*i.e.*, adjusting medication dosing in response to laboratory results such as for warfarin, or medication to better control diabetes.)

Members received public comments that generally appeared supportive of the draft statutory language and noted that the language appears consistent with the findings of the Standard of Care Ad Hoc Committee. Some public comment requested that the Board maintain provisions to allow for a pharmacist to continue to work under a collaborative practice agreement.

Public comment suggested that the language would move the profession forward in a manner that will both improve patient outcomes and address affordability of healthcare, noting that the language addresses issues of equity in healthcare and will remove some of the barriers to care.

Public comment also noted that conforming changes to the Health and Safety Code will be necessary and suggested that pharmacists should have the authority to prescribe for off-label uses.

Committee Discussion: Following public comment, members considered the comments and draft statutory language. Members noted that the issue will be included in the Board's sunset report. Members highlighted that the language does not remove authority for pharmacists to perform specific functions (such as furnishing HIV PEP and PrEP) but rather consolidates and simplifies the language.

Other members expressed concerns with some of the language, indicating that it is too expansive and noting concern with pharmacists performing therapeutic interchanges without access to all necessary information. Concern was also expressed about language included that would provide authority for a pharmacist to provide medication that is preventative in nature because the language is open for interpretation.

In response, some noted that the transition to a standard of care model is patient focused, with an individual pharmacist making a decision how to take care of a patient.

Members appeared to agree that more flexibility is needed for pharmacists to take care of patients, but consensus on the current language was not reached, in part because pharmacists work in a variety of environments and may not always have sufficient autonomy to use their professional judgment.

Attachment 7 includes a copy of the draft statutory proposal considered by the Committee.

k. Licensing Statistics

Licensing statistics from July 1, 2023 – March 31, 2024, are provided in **Attachment 8**.

During the first nine months of FY 2023/24, the Board has received 9,223 initial applications, including:

- 1,070 intern pharmacists
- 1,756 pharmacist exam applications (576 new, 1,180 retake)
- 112 advanced practice pharmacists
- 3,605 pharmacy technicians
- 281 community pharmacy license applications

- 51 sterile compounding pharmacy license applications (39 LSC, 12 NSC, 0 SCP)
- 96 nonresident pharmacy license applications
- 19 hospital pharmacy license applications

During the first nine months of FY 2023/24, the Board has received five requests for temporary individual applications (Military Spouses/Partners), including:
- 5 temporary pharmacy technicians

During the first nine months of FY 2023/24, the Board has received 400 requests for temporary site license applications, including:
- 207 community pharmacy license applications
- 38 sterile compounding pharmacy license applications
- 72 nonresident pharmacy license applications
- 18 hospital pharmacy license applications

During the first nine months of FY 2023/24, the Board has issued 7,292 individual licenses, including:
- 1,078 intern pharmacists
- 1,317 pharmacists
- 82 advanced practice pharmacists
- 3,497 pharmacy technicians

During the first nine months of FY 2023/24, the Board has issued 3 temporary individual applications (Military Spouses/Partners), including:
- 3 temporary pharmacy technicians

During the first nine months of FY 2023/24, the Board has issued 538 site licenses without temporary license requests, including:
- 239 automated drug delivery systems (237 AUD, 2APD)
- 69 community pharmacies
- 0 hospital pharmacies

During the first nine months of FY 2023/24, the Board has issued 304 temporary site licenses, including:
- 188 community pharmacies
- 14 hospital pharmacies

Processing Times

Site Application Type	Application Processing Times as of 1/5/2024	Application Processing Times as of 4/1/2024	Deficiency Mail Processing Times as of 1/5/2024	Deficiency Mail Processing Times as of 4/5/2024
Pharmacy	28	48	71	124
Nonresident Pharmacy	53	60	123	83
Sterile Compounding	28	28	46	68
Nonresident Sterile Compounding	51	51	Mail combined with Sterile	87
Outsourcing	Current	28	Current	43
Nonresident Outsourcing	Current	7	Current	54
Hospital Satellite Compounding Pharmacy	Current	Current	Current	Current
Hospital	14	11	Current	Current
Clinic	45	80	60	123
Wholesaler	14	14	53	44
Nonresident Wholesaler	7	25	Combined with Wholesaler	46
Third-Party Logistics Provider	9	14	Combined with Wholesaler	Current
Nonresident Third-Party Logistics Provider	Current	10	Combined with Wholesaler	67
Automated Drug Delivery System	18	28	Current	Current
Automated Patient Dispensing System	Current	Current	Current	Current
Emergency Medical Services Automated Drug Delivery System	Current	Current	Current	Current

Individual Application Type	Application Processing Times as of 1/5/2024	Application Processing Times as of 4/1/2024	Deficiency Mail Processing Times as of 1/5/2024	Deficiency Mail Processing Times as of 4/5/2024
Exam Pharmacist	8	5	1	1
Pharmacist Initial Licensure	Current	Current	Current	Current
Advanced Practice Pharmacist	21	10	2	9
Intern Pharmacist	10	11	4	1
Pharmacy Technician	25	6	9	9
Designated Representative	93	10	1	4
Designated Represenatives-3PL	92	7	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	14	Combined with Designated Representative	Combined with Designated Representative

Attachment 1

PTCB Credential Programs

Liza Chapman, PharmD, FAPhA
Chief Professional Officer

Levi Boren, PhD, ICE-CCP
Chief Assessment & Credentialing Officer

California State Board of Pharmacy
Licensing Committee Meeting - April 10, 2024

PTCB Overview

- First and only nonprofit pharmacy credentialing organization in the US
- Governed by six professional organizations
  - American Pharmacists Association
  - American Society of Health-System Pharmacists
  - Illinois Council of Health-System Pharmacists
  - Michigan Pharmacists Association
  - National Association of Boards of Pharmacy
  - National Community Pharmacists Association

Mission

PTCB advances medication safety by credentialing technicians who are qualified to support pharmacists and patient care teams in all practice settings.

Vision

PTCB sets the standard for the credentialing of pharmacy technicians that improves patient care and safety.

PTCB by the Numbers

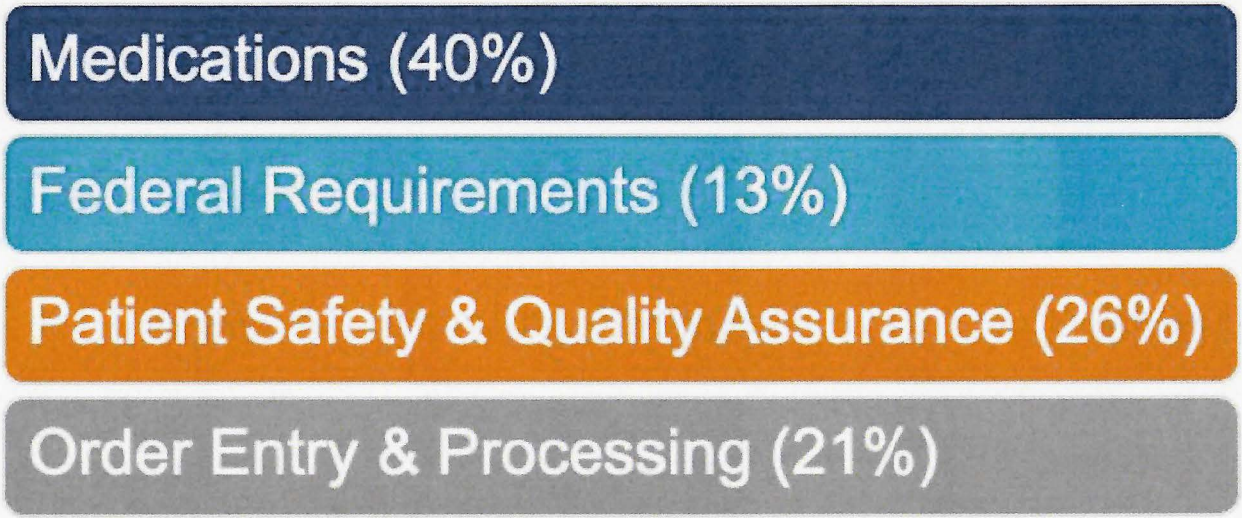
As of December 31, 2023

- 813,500 pharmacy technician certifications since 1995
- 291,993 active Certified Pharmacy Technicians (19,446)
- 1,688 active Advanced Certified Pharmacy Technicians (91)
- 1,548 active Certified Compounded Sterile Preparation Technicians (121)
- 13,241 Assessment-Based Certificates granted (775)

Numbers in parentheses are for California only

CPhT Program

Pharmacy Technician Certification Exam (PTCE) Content Outline



Full content outline available at https://www.ptcb.org/guidebook/ptce-content-outline.

CPhT Program

Job Analysis

- The foundation of the current PTCE is a 2016 nationwide job analysis
- PTCB is currently conducting an updated job analysis
  - The job analysis survey was offered as part of an ACPE-accredited CE program available to all pharmacy technicians, not just PTCB certificants
  - Over 13,000 pharmacy technicians responded to the survey; 482 in CA
  - Findings are anticipated later in 2024
  - Implementation of any changes to the PTCE likely not until 2026

CPhT Program

Eligibility Pathways

Pathway 1	Pathway 2
Completion of a PTCB-recognized education/training program	Equivalent work experience (i.e., 500 hours)

CPhT Program

Education/Training Program Recognition

- Recognized programs must include specific knowledge in their curriculum.
- ASHP/ACPE and ABHES accredited programs are automatically recognized.
- Program directors of non-accredited programs must submit an annual attestation.
- Different and separate from accreditation.
- Recognized programs are subject to audit to verify compliance with curricular requirements.

167 PTCB-Recognized Education/Training Programs in California

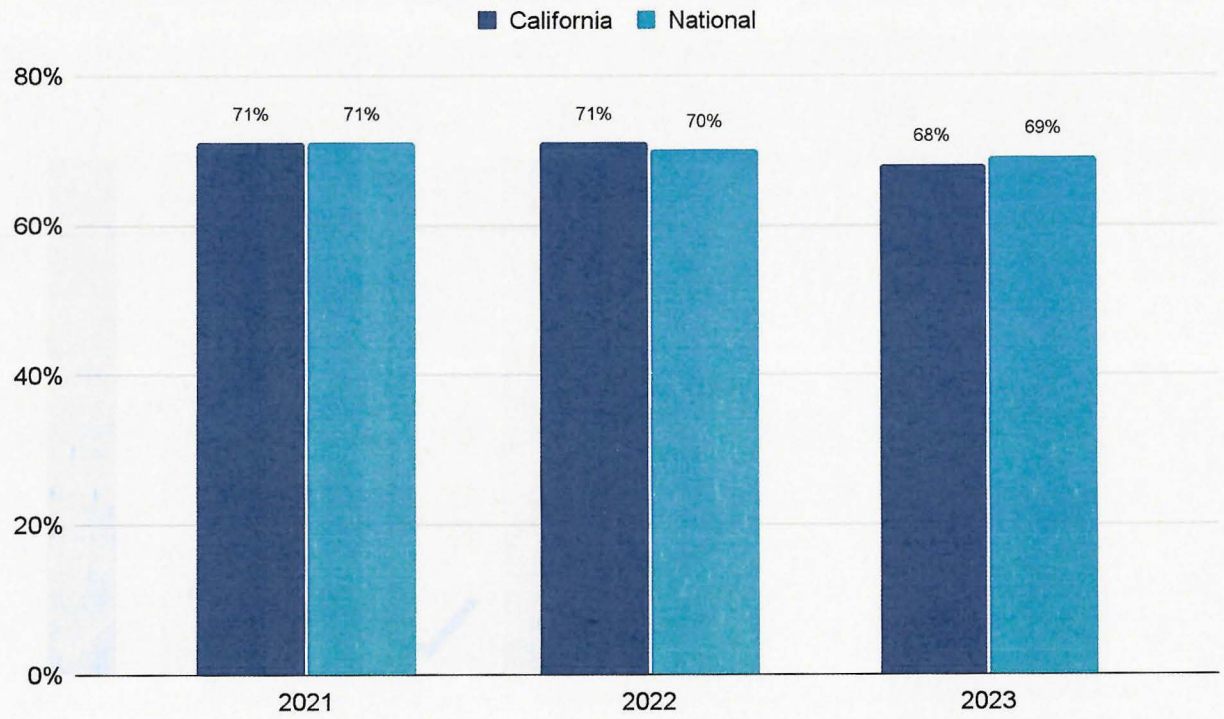
CPhT Program

Education/Training Program Recognition

Types of programs that can be recognized:

- Certificate and degree programs
- College of Pharmacy associated programs
- Employer training
- High school programs
- Military training programs

California PTCE Pass Rates



Value of Certification

According to PTCB's 2022 Workforce Survey:

- PTCB Certified Technicians stay with their employer longer. Of those with their current employer for 6+ years: 43% PTCB Certified; 13% Uncertified
- Pharmacy technicians are 14% more likely to stay in this career if they are PTCB-Certified vs. non-certified.
- 61% of technicians say they earned credentials to advance their career.

In another study, pharmacists claimed to observe greater profession commitment, greater general knowledge about and socialization toward the profession, and greater professionalism, maturity, and self-identity among certified technicians.

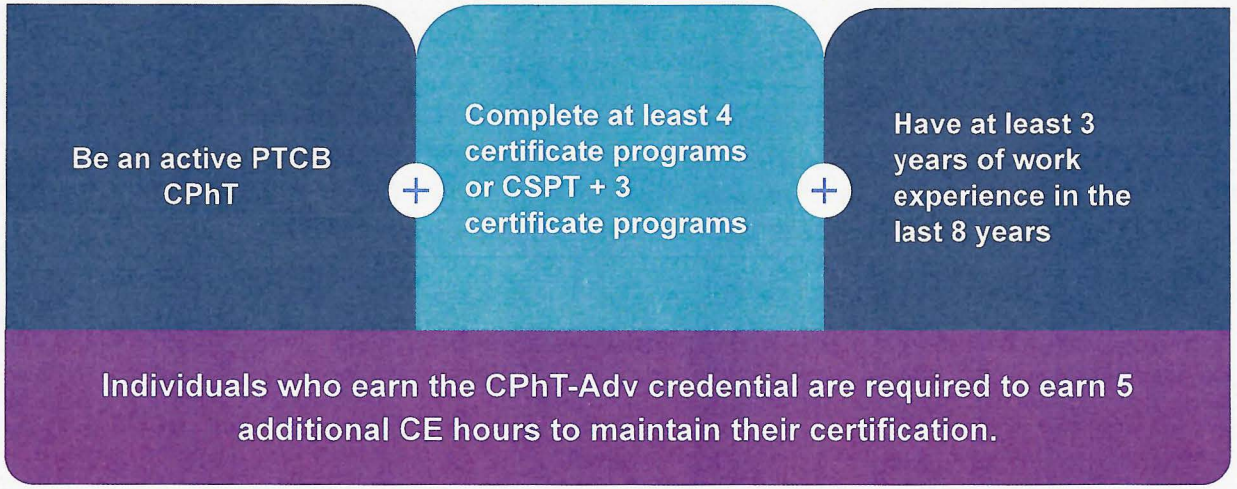
Shane P Desselle, BSPharm, PhD, FAPhA, Kimberly C Mckeirnan, PharmD, Kenneth C Hohmeier, PharmD, Pharmacists ascribing value of technician certification using an organizational behavior framework, January 2020

Value of Certification

- Based on data from the National Student Clearinghouse, there is a strong correlation between earning PTCB credentials and increased earnings over time.
- According to ongoing research, Certified Pharmacy Technicians have a positive predictive validity to improve the safety of community pharmacies (e.g., collection of pediatric weights).

PTCB Credentials

CPhT-Adv Requirements



PTCB

Questions

ExCPT Overview

CA Board of Pharmacy

April 10, 2024

Jessica.Langley@nhanow.com
913-424-2907

NHA Overview

Ascend Mission

Our mission is to change lives by providing data driven, educational solutions that accelerate learning and impact job readiness, employment success and employee retention.

Ascend Learning Brands

HEALTHCARE

Prepare and certify professionals for employment in the nursing, health sciences and medicine sectors; enable educators to deliver superior outcomes.

- Nursing
- Medicine
- Health Sciences

FITNESS & WELLNESS

Prepare and certify a range of fitness professionals including individual and group fitness trainers

- Personal Trainers
- Group Fitness Trainers
- Fitness Enthusiasts

SAFETY & SECURITY

Prepare and certify public safety and other professionals in fields that require demonstrated academic and experiential competency

- Workplace Safety
- Financial Risk & Compliance
- Advanced IT
- Public Safety
- Health Professions Courseware

Together, we are building the next generation of Allied Health Professionals

Focused on Allied Health professions, we are dedicated to understanding their unique needs and creating learning solutions, credentials, and career resources that guide success through every step of the journey.

NCCA NATIONAL COMMISSION FOR CERTIFYING AGENCIES

- Clinical Medical Assistant
- Phlebotomy Technician
- Medical Administrative Assistant
- EKG Technician
- Electronic Health Records Specialist
- **Pharmacy Technician**
- Billing and Coding Specialist
- Patient Care Technician/ Assistant

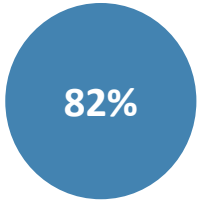
Since 1989, NHA has helped developed Job-Ready Allied Health Professionals

- Helping over 2,600 schools train and credential Allied Health Professionals
- Enabling over 800 healthcare employers to address workforce shortages and improve retention
- Guiding over 1.3 million professionals to effectively transition to the workplace and achieve their full potential
- Ultimately driving positive outcomes for patients

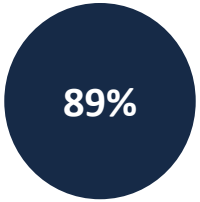
Our Vision & Mission

NHA exists to make the dream of a healthcare career a reality. We are the connector between learners, educators and employers. We are an indispensable partner to schools and employers, making it easy for them to elevate their program, better recruit and educate their learners to develop the skills they need to be career-ready. And we don’t stop there. We are with our learners every step of the way in school and beyond. Advocating and guiding them on a path to help them succeed, grow and reach their full potential. Ultimately leading to better and safer patient care.

NHA, Empowering People to Access a Better Future



Credentials improve Job Readiness



Say it would be difficult/impossible to replace NHA’s contribution

Very Satisfied/Satisfied with NHA services & support

Designed to address today's challenges with solutions that support every step of the journey

Learning & Assessment

Skills-based learning, application and assessment

- Increase Learner Engagement
- Increase Learner Retention & Application
- Increase Graduation Rates
- Address Skills Gaps
- Easily train instructors

Credentialing

NCCA accredited credentials to ensure competency

- Quality Assurance through Accreditation
- Better Prepare for Day 1
- Align to Skills Needed to Succeed on the job

Onboarding & Retention

Customized onboarding, learning, and career pathing

- Improve Recruitment
- Alignment to Standards
- Standardize Onboarding
- Upskill Current Workforce
- Create Career Pathways

Professional Development

Professional Membership and Continuing Education

- Improve Retention
- Upskill Current Workforce
- Improve Job Satisfaction

Our approach to delivering better outcomes

Job-Ready Allied Health Professionals

Superior Customer Experiences

Actionable Analytics for Better Learner Performance

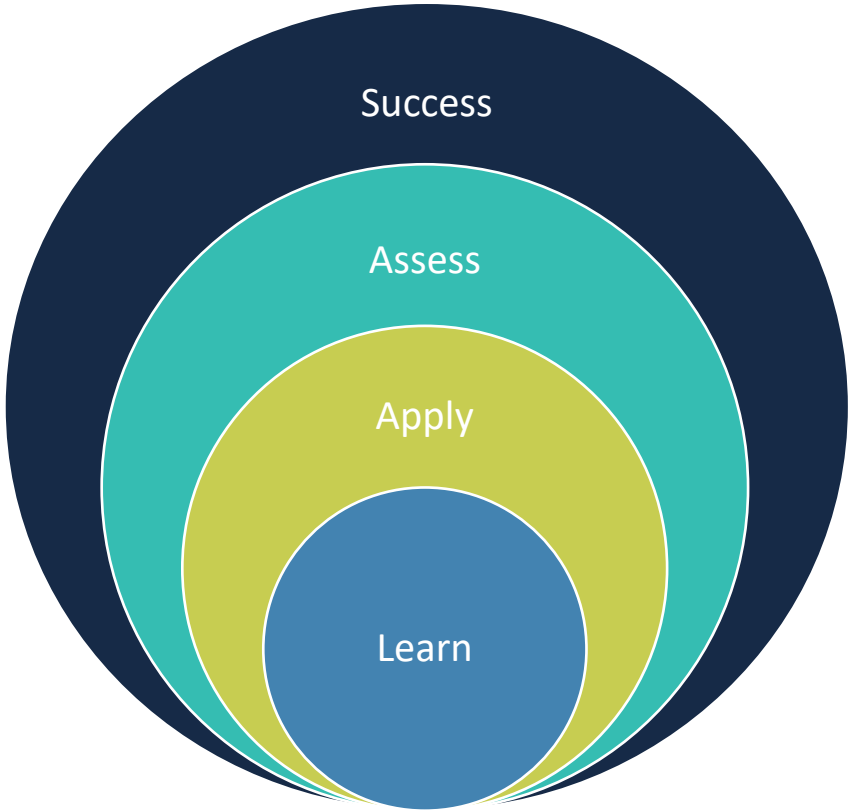
Designed by Experts

*"NHA materials, in my opinion, are **more engaging for students** since they use a mix of video and interactive practice drills to help students focus on key concepts. NHA study guides are **some of the best I've seen**."*

*"NHA stays up to date and **current with the changes in healthcare**. The customer service is excellent, and I appreciate the **training and information that they give to instructors** when new products come out."*

*"The modules are set up in a fun way for the students to study from and **track their progress**. The practice assessments are great for the student to **see where they excel or need help** with, and the focused review is very beneficial to the student."*

A proven approach to learning



Specifically designed to build confidence to perform the skills needed to succeed from day 1.

- **Success**
  Products designed to work together to help learners master content, succeed in certification, and develop into practice-ready professionals

- **Assess**
  Assessments and quizzes throughout products so learners feel confident in what they learned

- **Apply**
  Simulations, case studies, practice activities and patient care coaches to help apply what they learned, make decisions, and understand outcomes

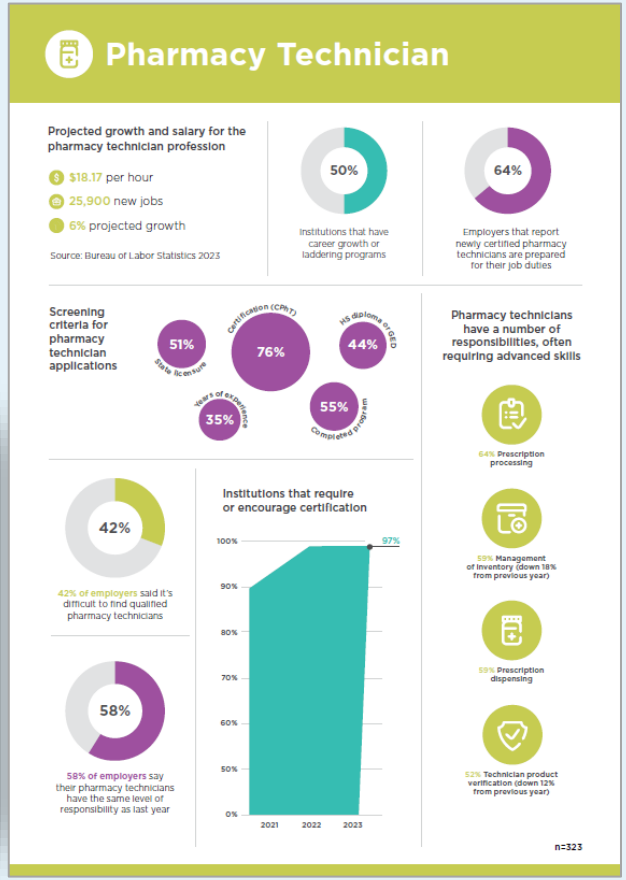
- **Learn**
  Right Sized content focused on the skills needed to succeed on the job

ExCPT Program Insights

Pharm Tech Industry Research

What percent of the following professions do you require certification within your organization?

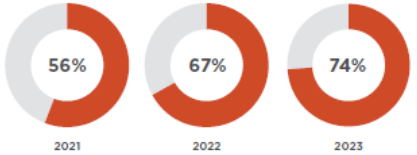
85% require certification for pharmacy technicians



83%

Employers state they would hire a candidate with nationally recognized certifications over someone without.

Year over year, a greater number of institutions have increased pay when an employee earns professional certification.

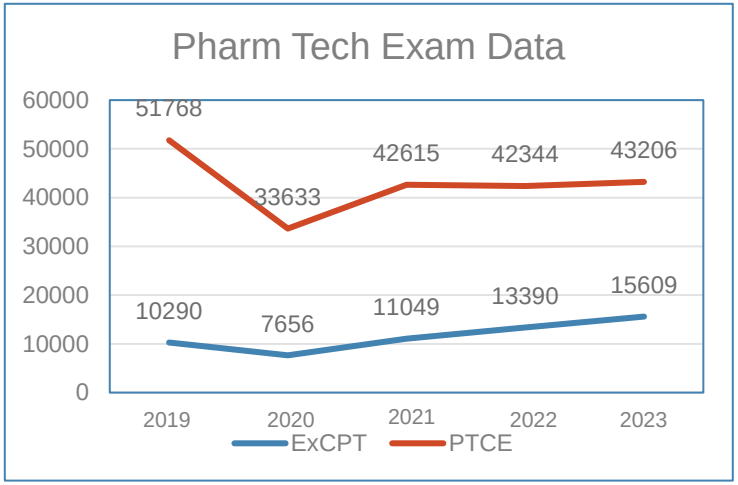


74%

74% of institutions increase pay when an employee earns professional certification.

Pharmacy Technician Industry Insights

Exam Statistics



California ExCPT Data

ExamAttempts	Year
207	2019
215	2020
347	2021
422	2022
704	2023

Pass Rates for NHA Examinations Administered in 2023

The following information on the number of examinations and percentage passing each examination were computed from data for the 2023 calendar year. The scaled passing score for all examinations is 390/500. The number of currently active certifications is as of December 31, 2023.

Examination Name	# of Examinations Administered	Percentage Passing	# of Currently Active Certifications
Certified Clinical Medical Assistant (CCMA)	67,809	77.28%	191,655
Certified Phlebotomy Technician (CPT)	52,571	76.33%	118,166
Certified EKG Technician (CET)	16,791	71.08%	27,083
Certified Electronic Health Record Specialist (CEHRS)	1,746	65.18%	3,966
Certified Patient Care Technician/Assistant (CPCT/A)	14,693	74.55%	21,462
Certified Medical Administrative Assistant (CMAA)	8,866	69.02%	15,684
Certified Billing and Coding Specialist (CBCS)	5,801	75.92%	15,465
Examination for Certified Pharmacy Technician (ExCPT)	15,609	63.30%	41,266

Exam Evaluation & Review

- NCCA Accreditation - Initial and ongoing NCCA Accreditation since May of 2008
- Job Task Analysis
- Test Plan
- Preparation Recourses
- Exam + Recertification
- NHA Candidate Handbook

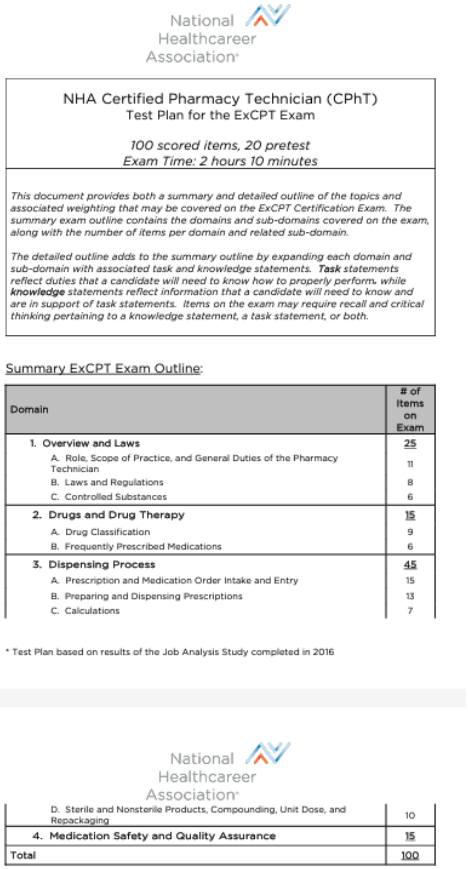
JTA (Oct. 2023)
- JTA National Committee
- Industry Survey
- Standard Setting Survey
- Executive Summary

Test Plan (April 2024)
- Existing Test Plan
- New Test Plan coming this month.

Prep (Q4 2024)
- Online Study Guide
- Practice Exams
- Data & Analytics Reporting

Exam (Q1 2025)
- 100 Questions
- PSI testing centers
- Live Remote Proctoring
- Customer Testing Sites
- Recertification

Test Plan & Prep Resources



National Healthcareer Association

NHA Certified Pharmacy Technician (CPhT)
Test Plan for the ExCPT Exam

100 scored items, 20 pretest
Exam Time: 2 hours 10 minutes

This document provides both a summary and detailed outline of the topics and associated weighting that may be covered on the ExCPT Certification Exam. The summary exam outline contains the domains and sub-domains covered on the exam, along with the number of items per domain and related sub-domain.

*The detailed outline adds to the summary outline by expanding each domain and sub-domain with associated task and knowledge statements. **Task** statements reflect duties that a candidate will need to know how to properly perform, while **knowledge** statements reflect information that a candidate will need to know and are in support of task statements. Items on the exam may require recall and critical thinking pertaining to a knowledge statement, a task statement, or both.*

Summary ExCPT Exam Outline:

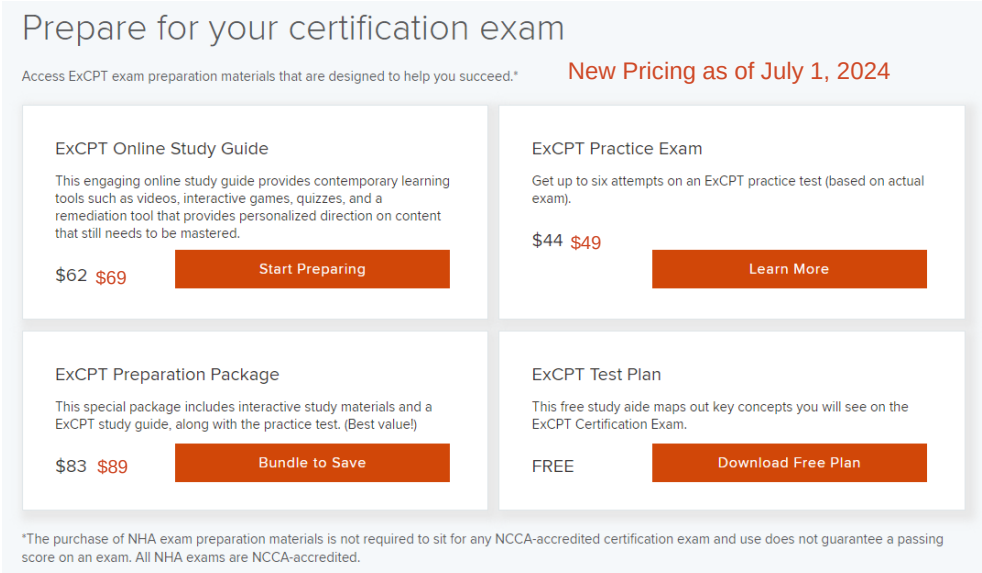
Domain	# of Items on Exam
1. Overview and Laws	25
A. Role, Scope of Practice, and General Duties of the Pharmacy Technician	11
B. Laws and Regulations	8
C. Controlled Substances	6
2. Drugs and Drug Therapy	15
A. Drug Classification	9
B. Frequently Prescribed Medications	6
3. Dispensing Process	45
A. Prescription and Medication Order Intake and Entry	15
B. Preparing and Dispensing Prescriptions	13
C. Calculations	7
D. Sterile and Nonsterile Products, Compounding, Unit Dose, and Repackaging	10
4. Medication Safety and Quality Assurance	15
Total	100

* Test Plan based on results of the Job Analysis Study completed in 2016

Updates coming with the NEW exam:

- Expanded area of controlled substances in relation to laws, regulations and processes to transfer patient prescriptions between pharmacies where applicable.
- Expanded area of controlled substances in relation to diversion and prescription monitoring programs (for example, Prescription Drug Monitoring Program (PDMP), Controlled Substance Monitoring Program (CSMP), Opioid Rapid Response Program (ORRP)).
- Created a **new** knowledge area pertaining to drugs & drug therapy regarding basic pharmacotherapy for common acute & chronic disease states (for example, infection, hypertension, diabetes, hyperlipidemia).
- Expanded area of frequently prescribed medication in relation to basic drug interactions (for example, drug-drug, drug-food, drug-OTC, drug-supplement).
- Expanded area of preparing and dispensing process in relation to Security features of prescriptions (for example, identification requirements, watermarks).
- Created a **new** knowledge area within calculations in relation to package size calculations (for example, drops/ml, injectable medications mg/package).
- Created area within sterile & non-sterile products, compounding, unit dose & repackaging in relation to characteristics of sterile & non-sterile compounds.
- Expanded area of sterile & non-sterile products, compounding, unit dose & repackaging with regard to labeling guidelines specific to <USP 800>.
- Created area in relation to Medication & Patient Safety & Quality Assurance with a focus on NIOSH guidelines & regulations.
- Created area in relation to Medication & Patient Safety & Quality Assurance with a focus on types of errors (for example, medication, human, near misses, software).

Prep Resources



Recertification

Renew your certification

Certifications must be renewed every two years

There is no penalty for renewing early

Before your expiration date:

- Participate in at least 20 hours of continuing education (CE). At least one of the 20 hours must be in pharmacy law and at least one of the 20 hours much be in patient safety
- Pay your recertification fee

If your certification has expired, you have 1 year to reinstate it

Lean More About Recertification Renewal

NHA Support

NHA Support

Q1 2024

nha | The Fill
Pharm Tech Quarterly

The Fill: Your Quarterly Dose of Pharmacy Insights

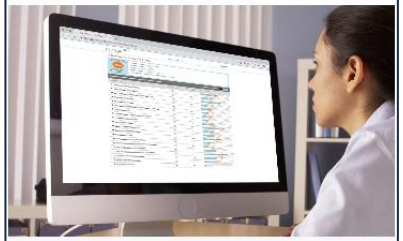
Welcome to the inaugural issue of 'The Fill,' our Pharmacy Technician Quarterly Newsletter! Inside, you'll discover a blend of educational insights, fun prize-winning opportunities, interactive Q&As, collaborations with NHA, and much more. We're excited to embark on this journey with you and hope you find each edition both informative and enjoyable!

2024 INDUSTRY OUTLOOK

85% require certification
for pharmacy technicians

Certification shows educators their work in preparing students is paying off. For employers, it provides confidence in potential hires. And for individuals, certification unlocks doors to advancement.

View The Complete Industry Outlook Here »



pharmacy technician

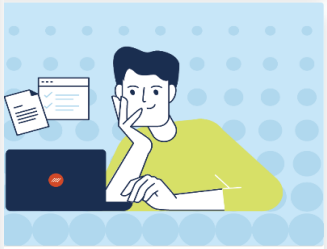
Two Great Options for Hiring and Upskilling Non-Certified Pharm Techs

pharmacy technician

Six Great Ways to Honor Your Pharmacy Technicians

Insider's Track: What Employers Wish You Knew About Certification

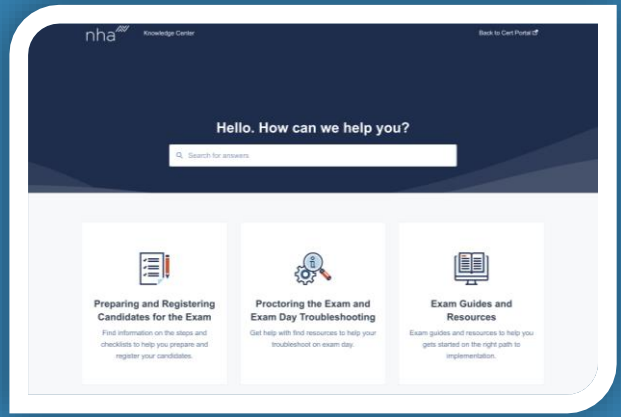
ON-DEMAND



EDUCATORS & EMPLOYERS

The Ultimate Guide to NHA Study Resources: Maximizing Implementation for Exam Success

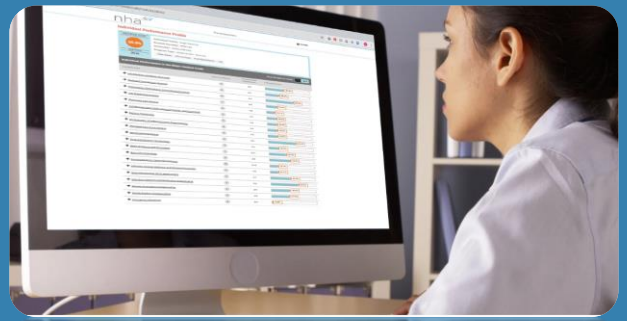
ON-DEMAND



NHA partners with educators and employers across the United States to educate, train and certify pharmacy technicians. Find an open job near you to start your journey toward this rewarding and in-demand career.

Visit Our Job Board

NHA Pharmacy Technician Learning Resources



Pharm Tech Journey Mapping

NHA Resources:

- PersonAbility for Pharm Techs (Professional Skills Simulation)
- PharmaSeer (w/ Pre-Assessment)
  - Meets ASHP Didactic/Sims requirements
- PharmaSeer Math
- Online Study Guide + Practice Exams
- ExCPT (CPhT)
- Data and Insights

Course Delivery for Strong Outcomes

Research has identified a need for “all-in-one” curriculum & course materials with key benefits of course continuity and teacher support.

NHA wants to understand what resources customers seek to create a comprehensive course offering that better supports teachers in achieving outcomes:

- Facilitation of Learning
- Assessment & Remediation
- Administration of Materials

Voice of Customer

“I need a curriculum that is more than just modules and quizzes. I need **in-class activities, discussions,** something more robust…Our ideal is a fully built out **robust curriculum** that **integrates with our LMS Canvas**. We would also want to have a **test bank** like traditional publishers offer. That way the teacher doesn’t have to create a lot of their own materials.”

“It's very overwhelming as far as where to start and where to go…**Having pre-made lessons and supplemental materials already available makes everything so much easier** to implement with the kids.”

nha

TOGETHER

We can empower people
to access a better future.

Attachment 2

ASHP/ACPE ACCREDITATION FOR PHARMACY TECHNICIAN EDUCATION AND TRAINING PROGRAMS

Lisa S. Lifshin, BS.Pharm.

Sr. Director, Pharmacy Technician Program
Accreditation & Residency Services

ashp pharmacists advancing healthcare®

ACPE®

About the Presenter

Lisa S. Lifshin, BS.Pharm.

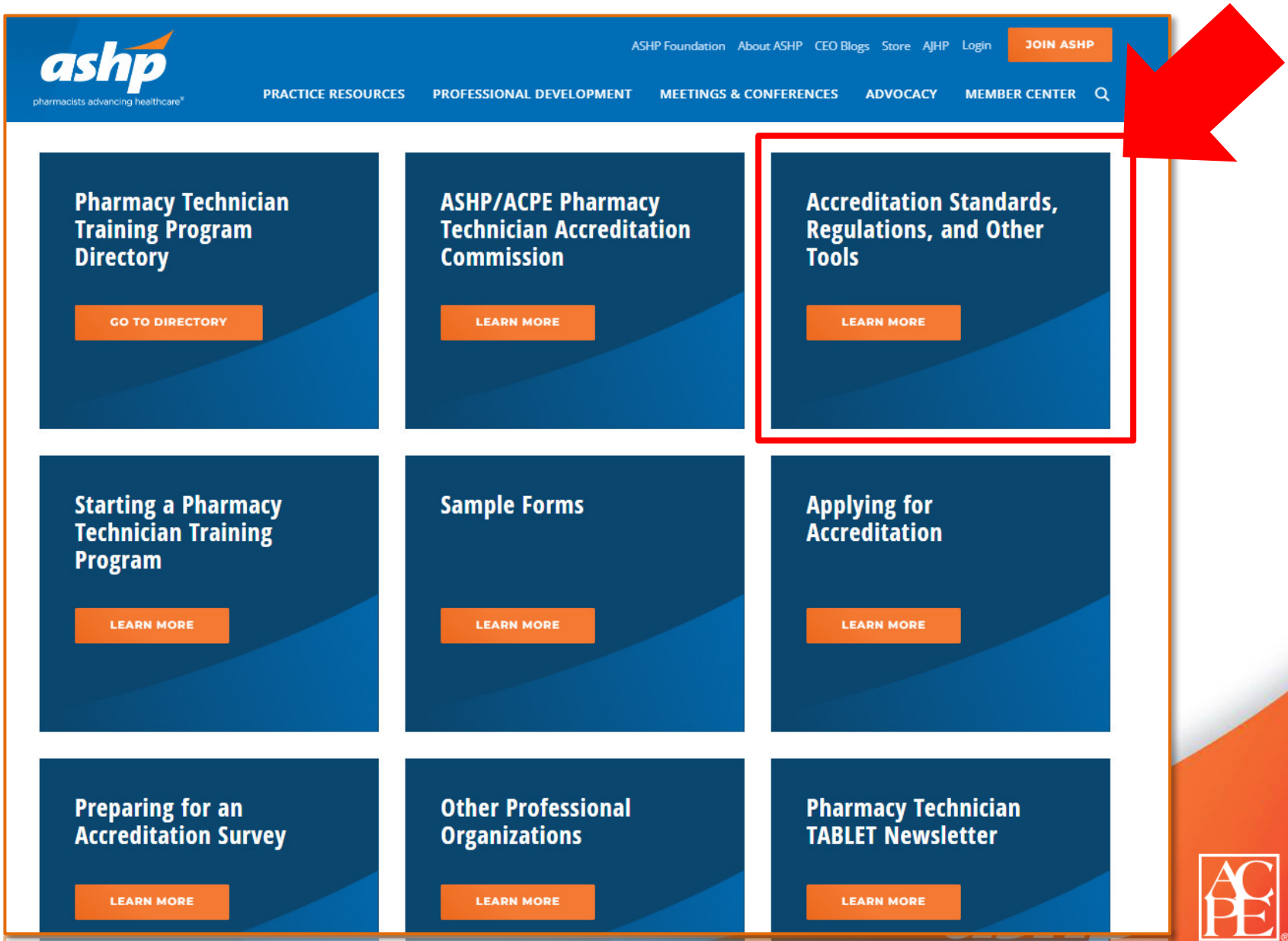
Sr. Director, Pharmacy Technician Program Accreditation & Residency Services

Accreditation Services, ASHP

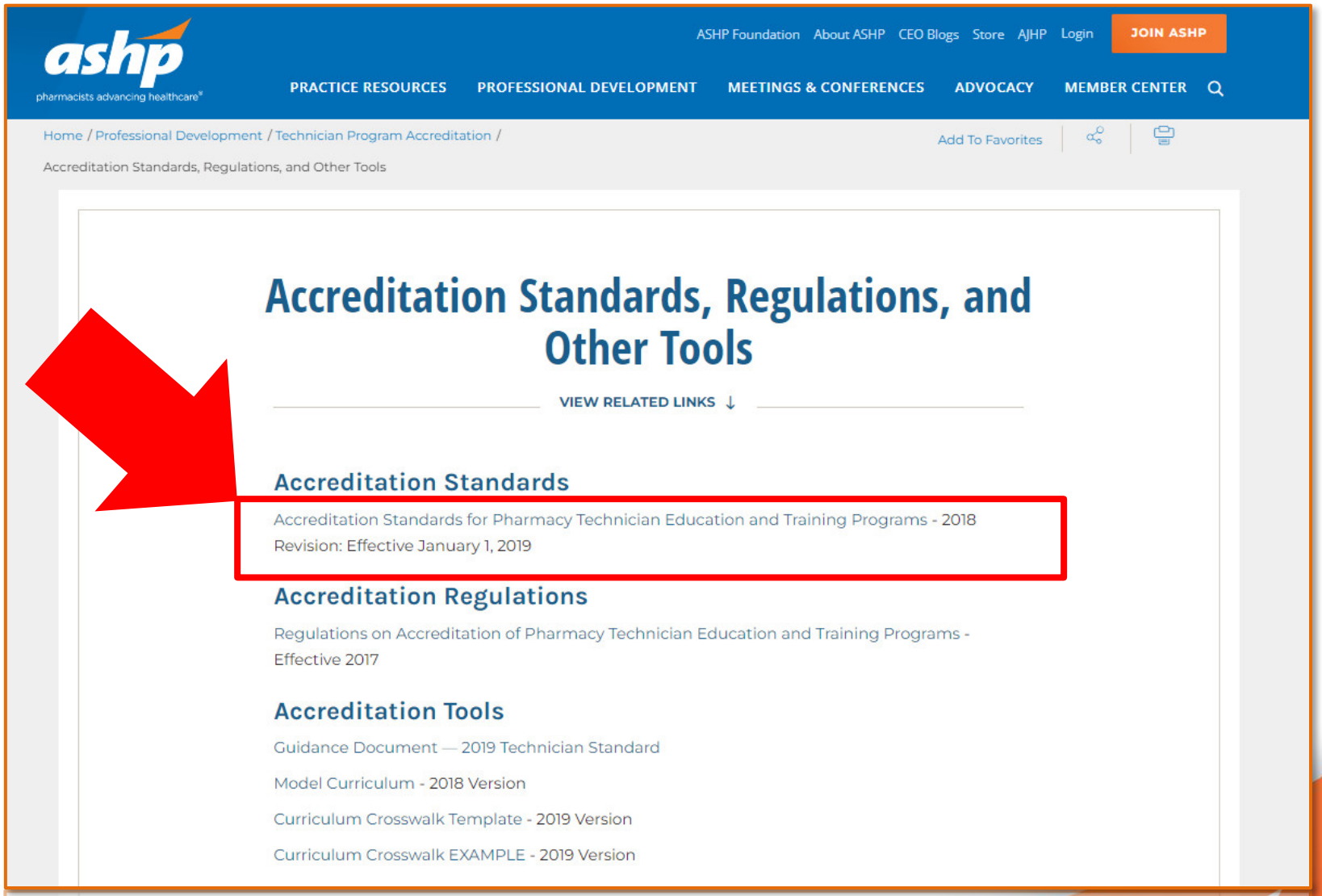
ASHP / ACPE Collaboration

- ASHP has been accrediting technician programs in the 1980's on a voluntary basis
- In 2012, NABP requests for ACPE to participate in pharmacy technician education and training accreditation
- PTAC formed through ASHP/ACPE collaboration in 2013
- ACPE Board approved ASHP standards, guidelines, and procedures for PTAC
- PTAC recommendations require approval of both ASHP and ACPE Boards
- First PTAC recommendations to ASHP and ACPE boards for accreditation actions occurred at their June 2015 meetings and were approved
- There are 250+ ASHP/ACPE accredited pharmacy technician education and training programs and an estimated greater number of unaccredited programs

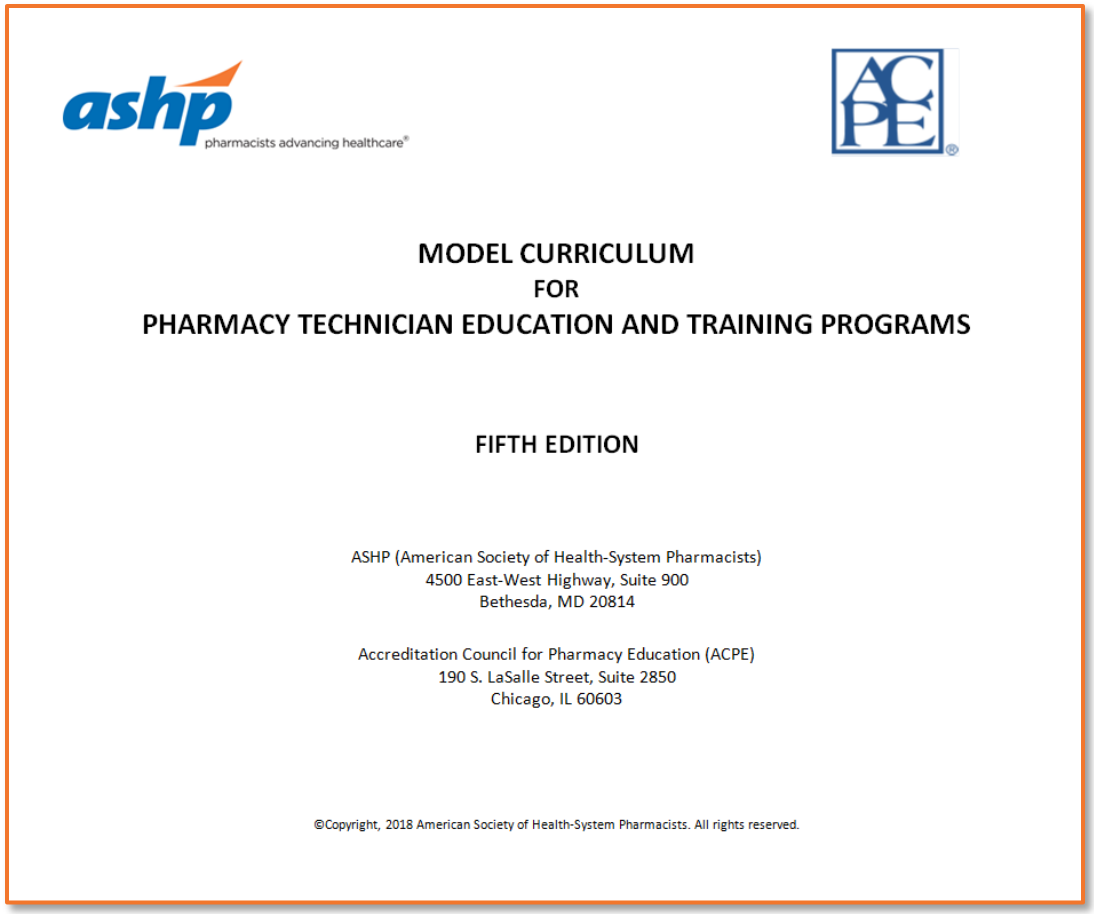
ASHP WEBSITE



2. Know the Standards



MODEL CURRICULUM



MODEL CURRICULUM
FOR
PHARMACY TECHNICIAN EDUCATION AND TRAINING PROGRAMS

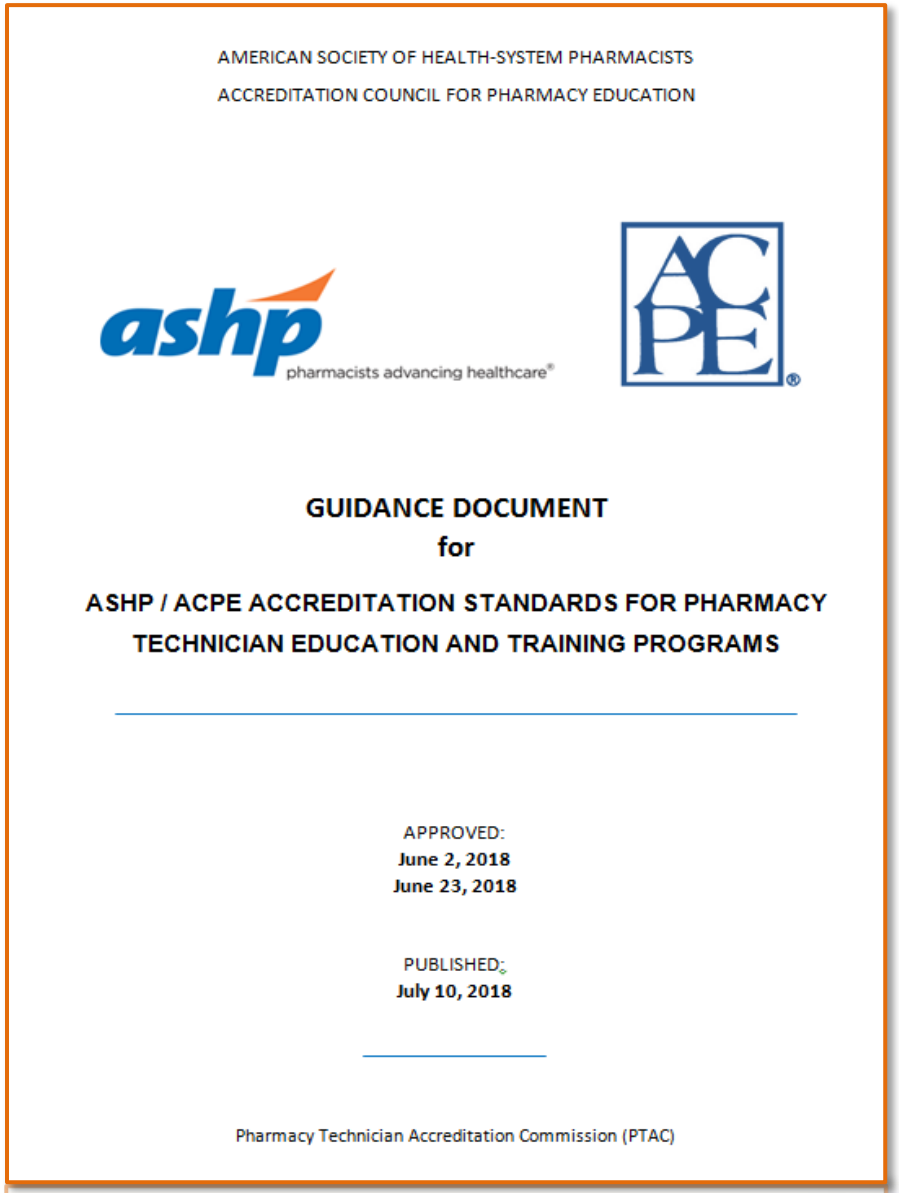
FIFTH EDITION

ASHP (American Society of Health-System Pharmacists)
4500 East-West Highway, Suite 900
Bethesda, MD 20814

Accreditation Council for Pharmacy Education (ACPE)
190 S. LaSalle Street, Suite 2850
Chicago, IL 60603

The Model Curriculum for Pharmacy Technician Education and Training Programs *(Model Curriculum)* provides details on how to meet the new *ASHP/ACPE Accreditation Standards for Pharmacy Technician Education and Training Programs*

Guidance Document



AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

ashp pharmacists advancing healthcare®

ACPE®

GUIDANCE DOCUMENT
for

ASHP / ACPE ACCREDITATION STANDARDS FOR PHARMACY TECHNICIAN EDUCATION AND TRAINING PROGRAMS

APPROVED:
June 2, 2018
June 23, 2018

PUBLISHED:
July 10, 2018

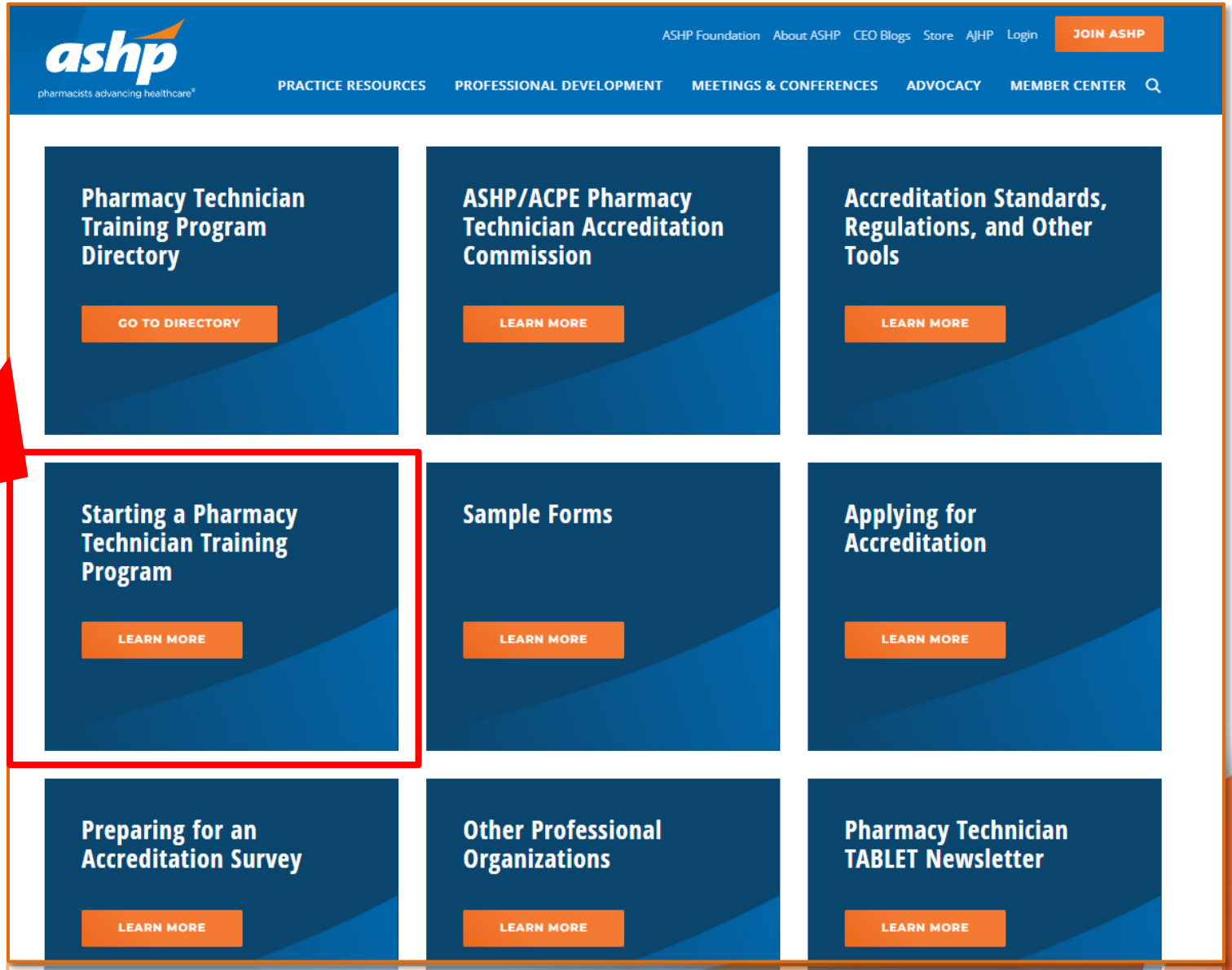
Pharmacy Technician Accreditation Commission (PTAC)

The Guidance Document for the *ASHP/ACPE Accreditation Standards for Pharmacy Technician Education and Training Programs*:

- Clarifies how programs may meet the Key Elements
- Describes what materials and documentation your program may need to provide surveyors for accreditation purposes

3. Starting a Pharmacy Technician Education and Training Program

3. Starting a Pharmacy Tech. Education & Training Program



Types of Pharmacy Technician Education and Training Programs

ENTRY vs. ADVANCED LEVEL

Entry-Level

- The program prepares students for practice as Entry-level pharmacy technicians in a variety of contemporary settings (e.g., community, hospital, home care, long-term care) and has students acquire knowledge, skills, behaviors, and abilities needed for such practice.

Advanced-Level

- The program prepares students for practice as Advanced-level pharmacy technicians, in a broad range of advanced roles in a variety of contemporary settings (e.g., community, hospital, home care, long-term care) and has students acquire additional knowledge, skills, behaviors, and abilities beyond those of the Entry-level pharmacy technician, needed for such advanced practice.

Standard 9: Curricular Length

- **Entry-Level: 400 hours, ≥ 8 weeks**
  - 300 hours divided as:
    - Didactic – 120 hours
    - Simulation – 50 hours
    - Experiential – 130 hours
  - 100 hours allocated as program director and faculty see fit

- **Advanced-Level: 600 hours, ≥ 15 weeks (includes Entry-level hrs)**
  - 460 hours divided as:
    - Didactic – 160 hours (40 more hours beyond Entry-level)
    - Simulation – 100 hours (50 more beyond Entry-level)
    - Experiential – 200 hours (70 more hours beyond Entry-level)
  - 140 hours allocated as program director and faculty see fit

Review of Standards

Three Sections of the ASHP/ACPE Standards

- **SECTION I: COMPETENCY EXPECTATIONS**
  - Standards # 1 to 5
- **SECTION II: STRUCTURE AND PROCESS TO PROMOTE ACHIEVEMENT OF COMPETENCY EXPECTATIONS**
  - Standards # 6 to 13
- **SECTION III: ASSESSMENTS OF STANDARDS AND KEY ELEMENTS**
  - Standards # 14 to 15

SECTION I: COMPETENCY EXPECTATIONS

- **Standard 1: Personal/Interpersonal Knowledge and Skills**
  - Entry-level: 8 Key Elements
  - Advanced-level: 4 Key Elements
- **Standard 2: Foundational Professional Knowledge and Skills**
  - Entry-level: 8 Key Elements
  - Advanced-level: 3 Key Elements
- **Standard 3: Processing and Handling of Medications and Medication Orders**
  - Entry-level: 22 Key Elements
  - Advanced-level: 9 Key Elements
- **Standard 4: Patient Care, Quality and Safety Knowledge and Skills**
  - Entry-level: 8 Key Elements
  - Advanced-level: 5 Key Elements
- **Standard 5: Regulatory and Compliance Knowledge and Skills**
  - Entry-level: 8 Key Elements
  - Advanced-level: 2 Key Elements

SECTION II: STRUCTURE AND PROCESS TO PROMOTE ACHIEVEMENT OF EDUCATIONAL OUTCOMES

Standard 9: Curricular Length

- **Entry-level: 400 hours, ≥ 8 weeks**
  - 300 hours divided as:
    - Didactic – 120 hours
    - Simulation – 50 hours
    - Experiential – 130 hours
  - 100 hours allocated as program director and faculty see fit
- **Advanced-level: 600 hours, ≥ 15 weeks (includes Entry-level hrs)**
  - 460 hours divided as:
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    - Simulation – 100 hours (50 more beyond Entry-level)
    - Experiential – 200 hours (70 more hours beyond Entry-level)
  - 140 hours allocated as program director and faculty see fit

SECTION II: STRUCTURE AND PROCESS TO PROMOTE ACHIEVEMENT OF EDUCATIONAL OUTCOMES

- **Standard 6: Authority and Responsibility provided to Program Director**
  - 9 Key Elements
- **Standard 7: Strategic Plan**
  - 2 Key Elements
- **Standard 8: Advisory Committee**
  - 5 Key Elements
- **Standard 9: Curricular Length**
  - Entry-level: 4 Key Elements
  - Advanced-level: 2 Key Elements

SECTION II: STRUCTURE AND PROCESS TO PROMOTE ACHIEVEMENT OF EDUCATIONAL OUTCOMES (cont.)

- **Standard 10: Curricular Composition and Delivery (includes distance learning expectations)**
  - 8 Key Elements; Distance Learning – 4 Key Elements
  - Entry-level: Students complete at least **one experiential rotation** in a dispensing pharmacy setting where the student will utilize skills learned during their entry-level curriculum
  - Advanced-level: Students complete at least **one additional experiential rotation**, in addition to any completed during an entry-level program. This advanced experiential rotation takes place in a facility where the student will utilize skills learned during the advanced-level curriculum.
- **Standard 11: Student Recruitment, Acceptance, Enrollment, and Representation -** 8 Key Elements
- **Standard 12: Faculty/Instructors -** 4 Key Elements
- **Standard 13: Documentation -** 8 Key Elements

SECTION III: ASSESSMENTS OF STANDARDS AND KEY ELEMENTS

- **Standard 14: Assessment of Competency Expectations**
  - 14.1 Student Learning Assessments – 6 Key Elements
  - 14.2 Program assessments – 5 Key Elements

    (a) program completion;

    (b) performance on national certification examinations or; performance on a psychometrically valid evaluation;

    (c) program satisfaction, including student, graduate, and employer satisfaction;

    (d) job placement; and

    (e) assessment data used in the continuous quality improvement process is actively maintained.
- **Standard 15: Assessments of Structure and Process**
  - 3 Key Elements

Q & A

Questions Later? Contact Me!

- Lisa Lifshin
- llifshin@ashp.org

Attachment 3

Tech Ratio Survey Data

CA Board of Pharmacy

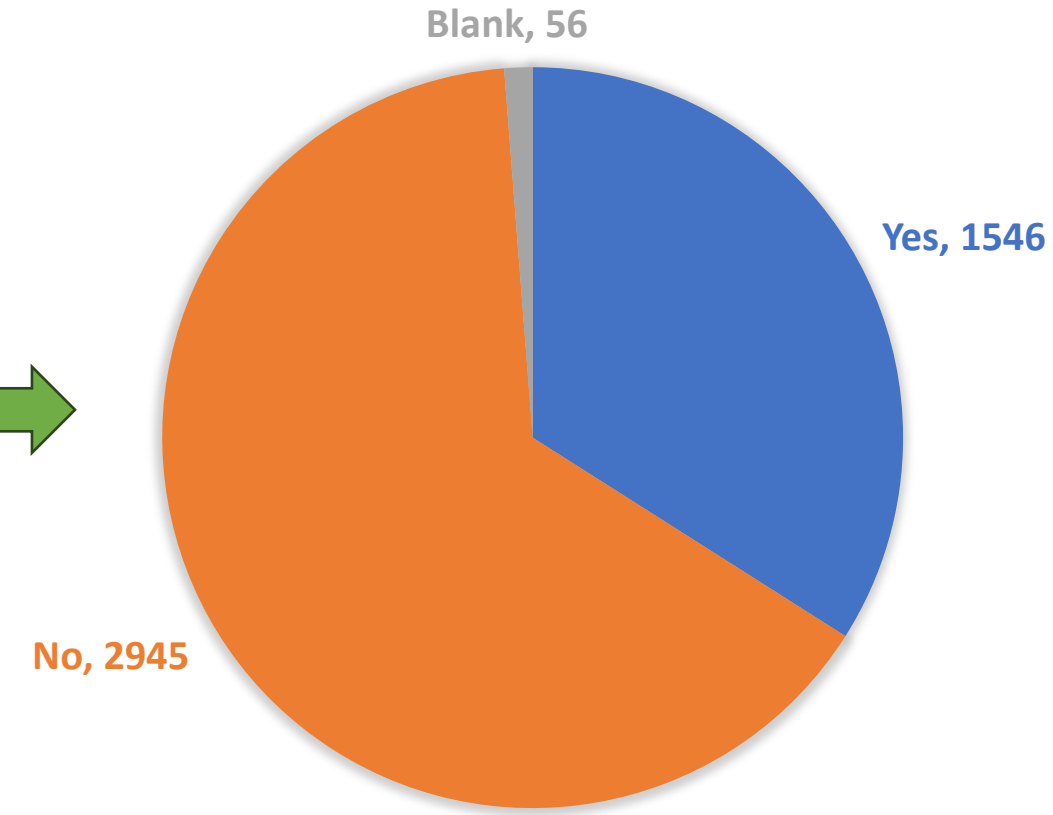
Survey Population

- 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

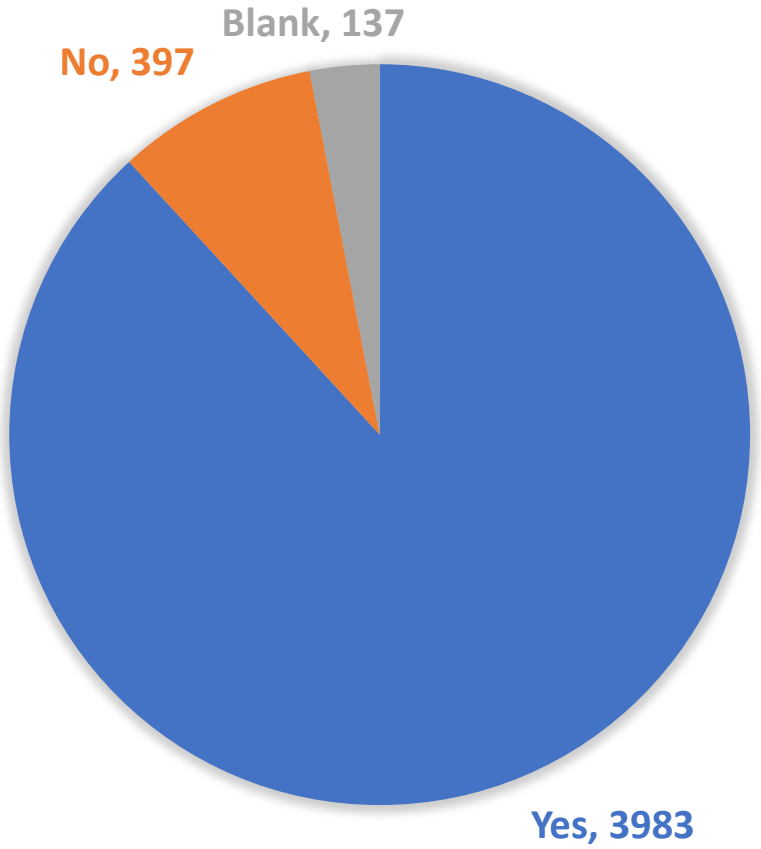
- 4517 responses analyzed

Are you a PIC?

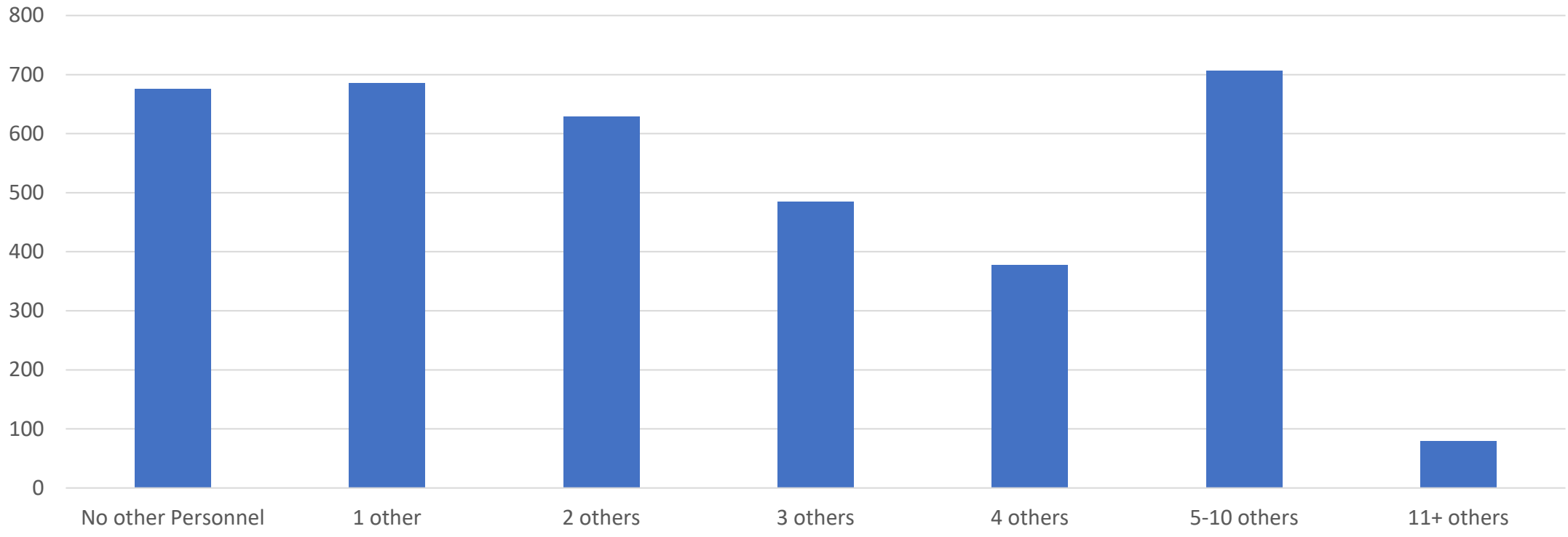
4517 Respondents



Do you currently supervise a pharmacy technician?

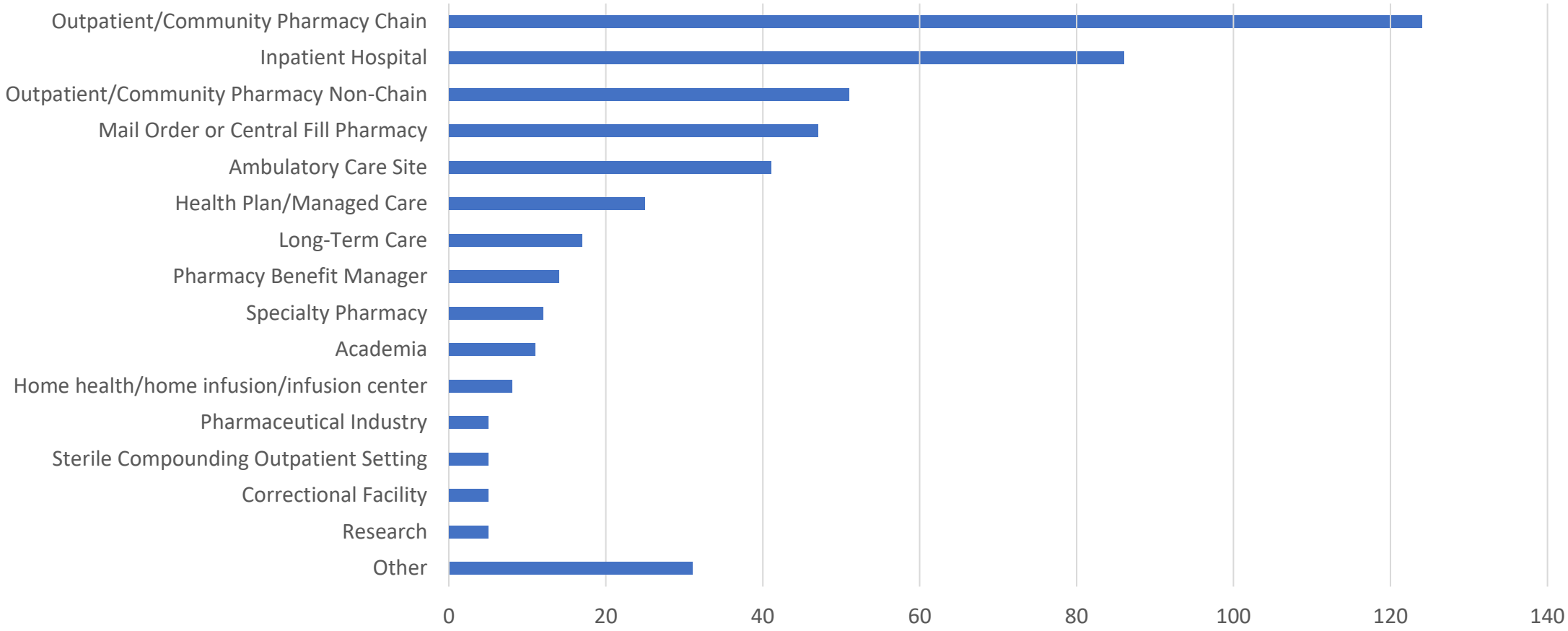


Of those who supervise a pharmacy technician, how many other personnel do you supervise?



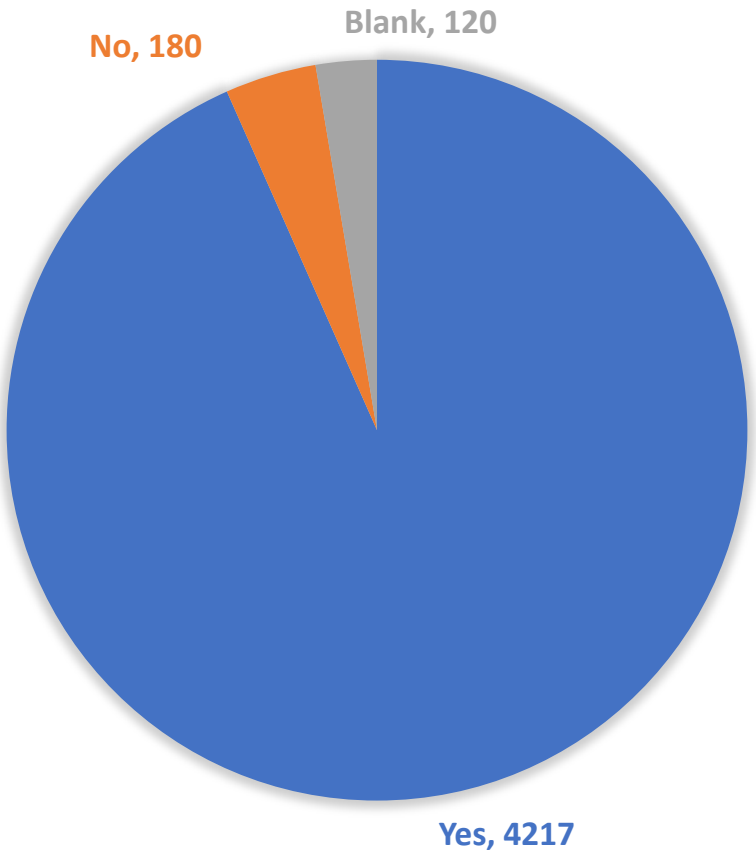
*29 did not respond

Work setting for those respondents who do not supervise a pharmacy technician

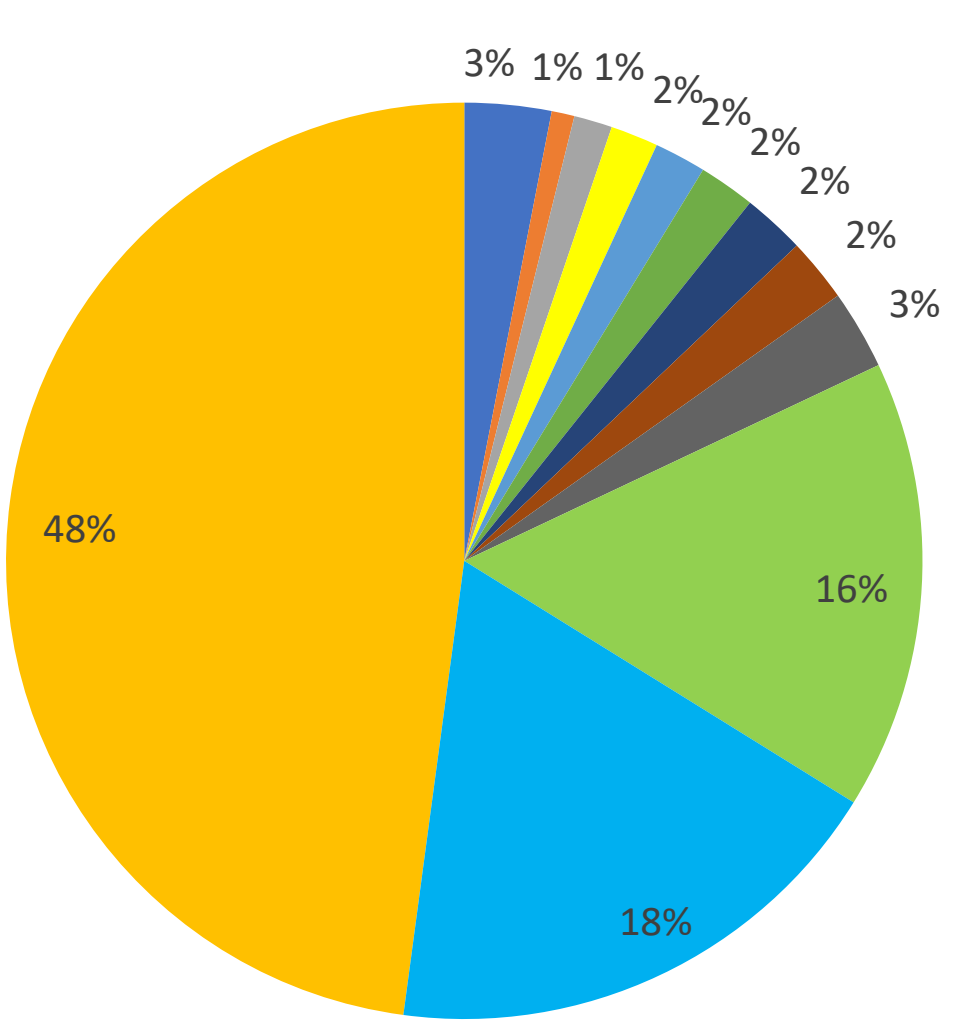


*47 did not respond

Does your worksite utilize pharmacy technicians?

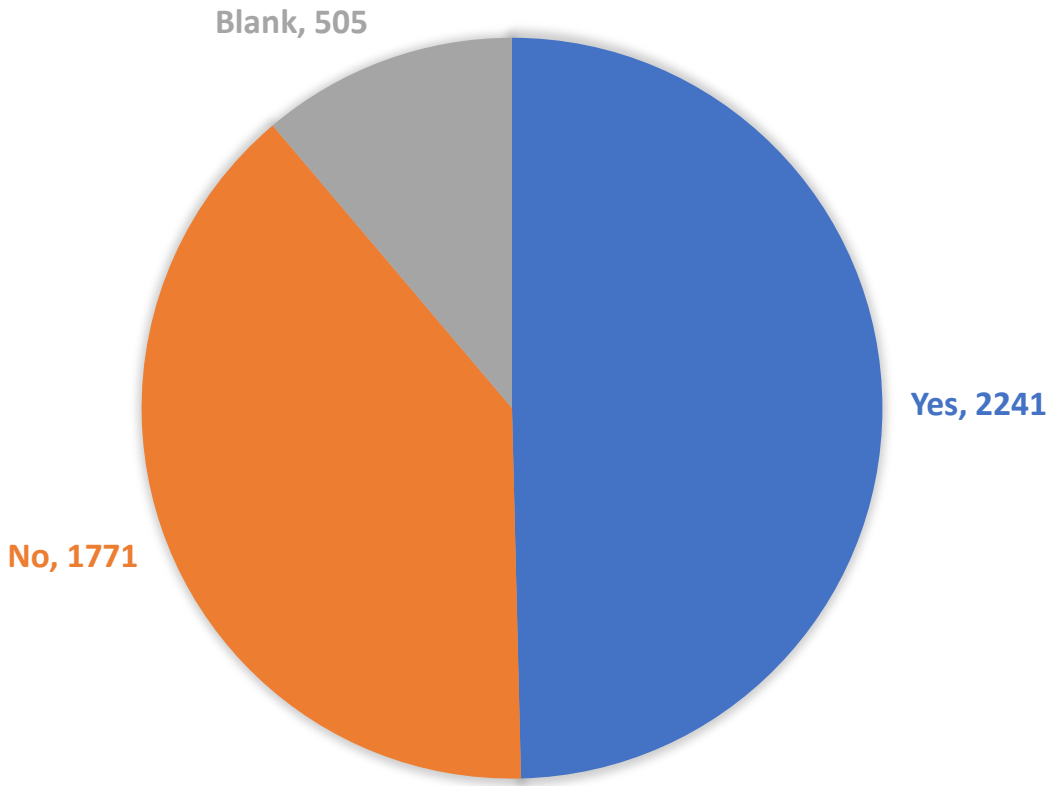


Type of worksites utilizing pharmacy technicians

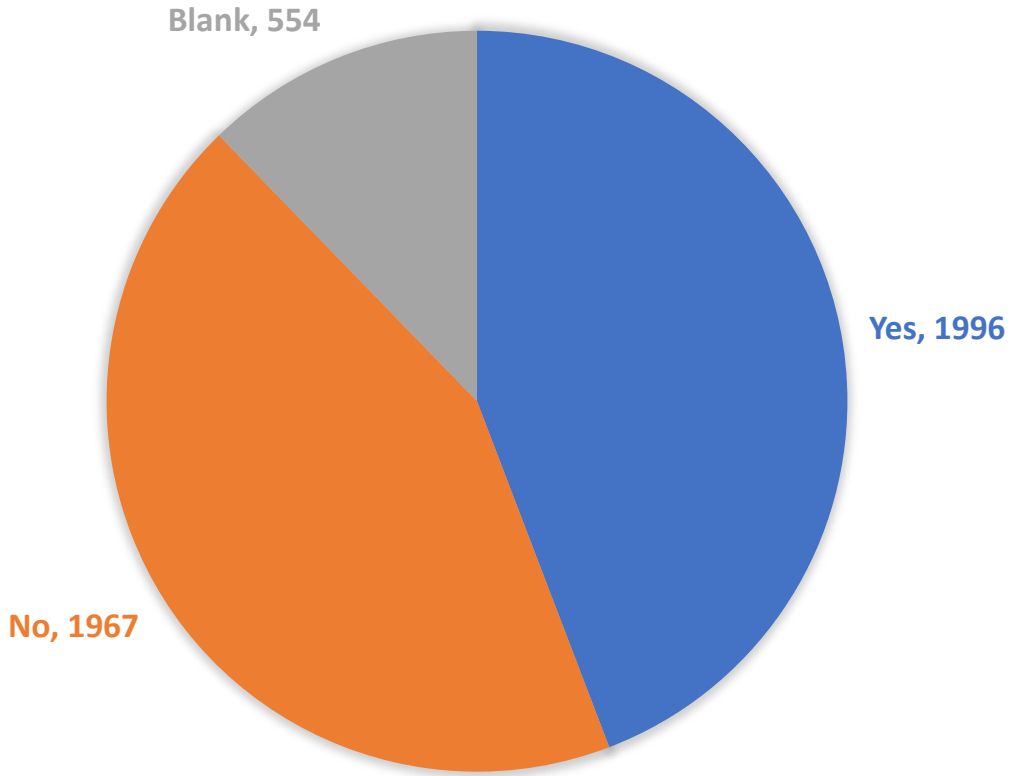


- Other (Incl. Pharmaceutical, Academia, Research, Benefit Manager)
- Correctional Facility
- Health Plan/Managed Care
- Sterile Compounding Outpatient Setting
- Home health/home infusion/infusion center
- Ambulatory Care Site
- Mail Order or Central Fill Pharmacy
- Specialty Pharmacy
- Long-Term Care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

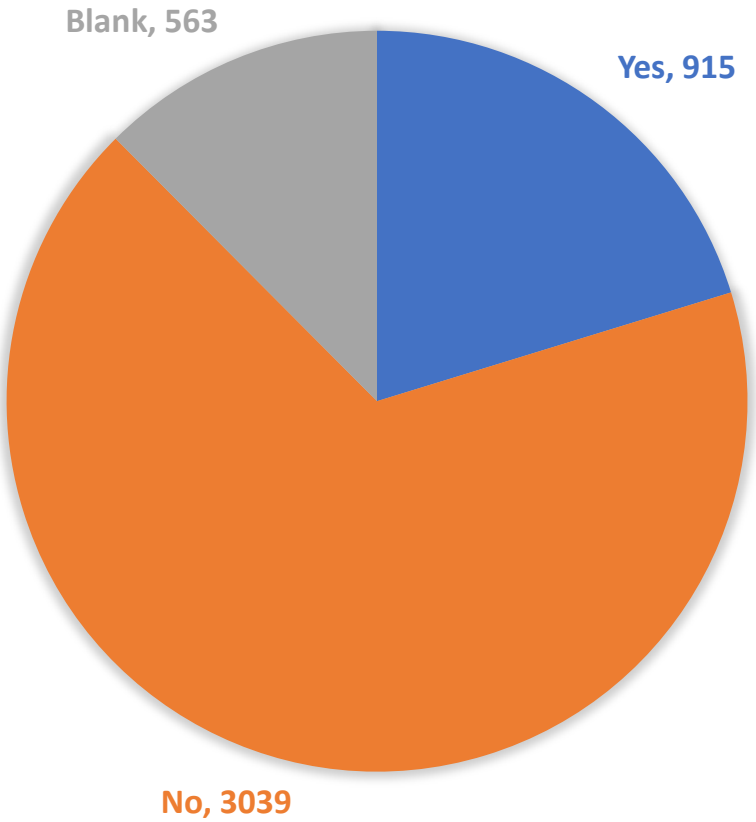
Does your pharmacy also provide immunizations and other clinical services during a typical day at your primary worksite?



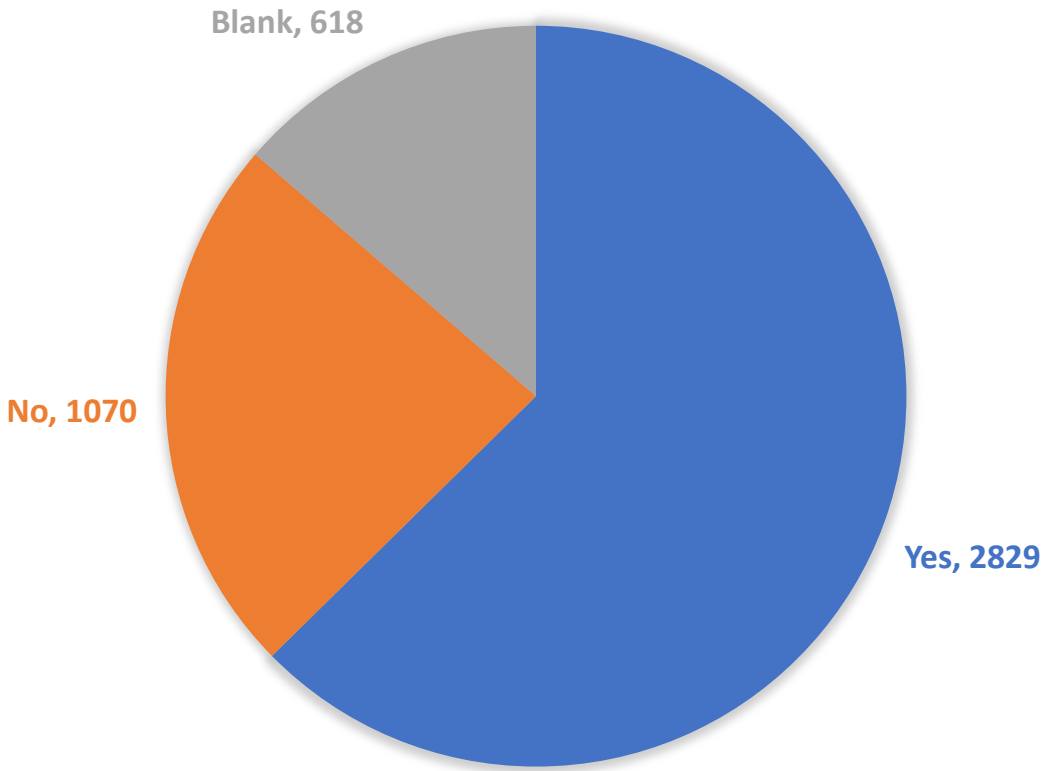
Does your worksite use any technology as part of the dispensing process?



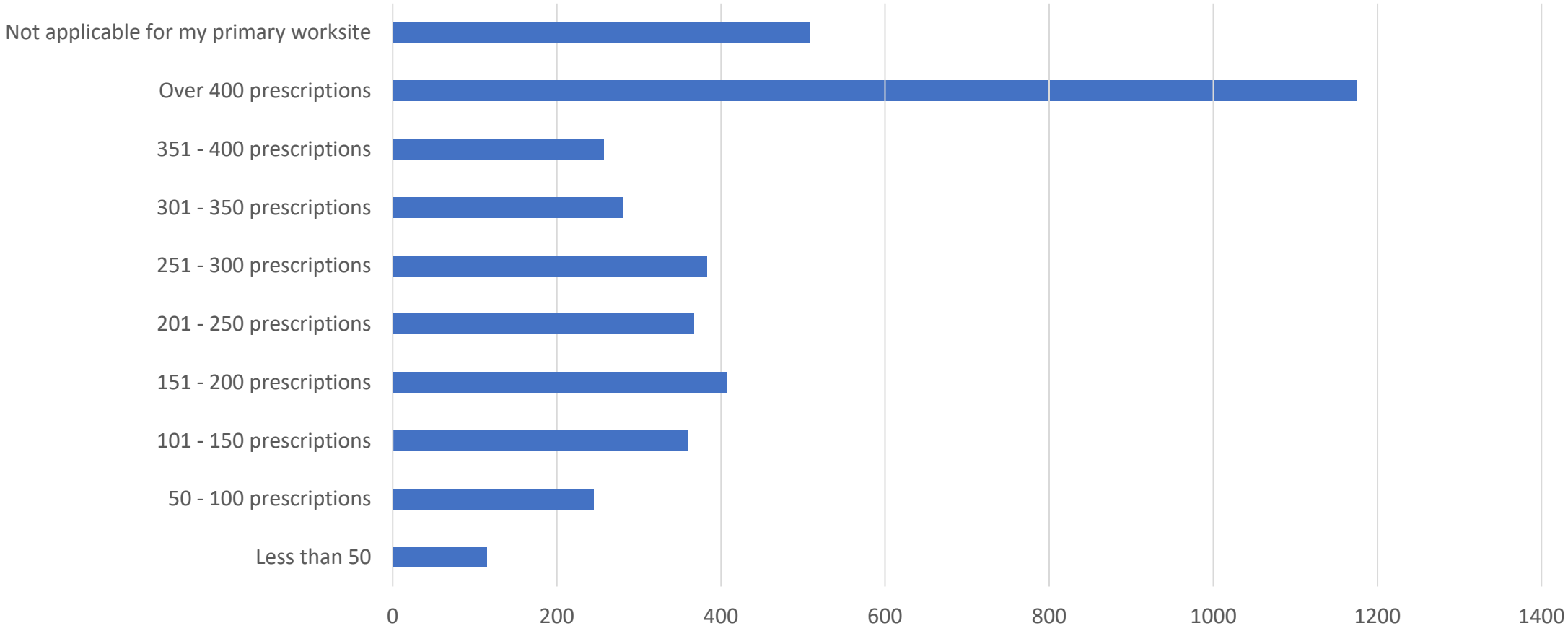
Is your worksite a closed-door pharmacy?



Does your worksite have pharmacists working overlapping hours?

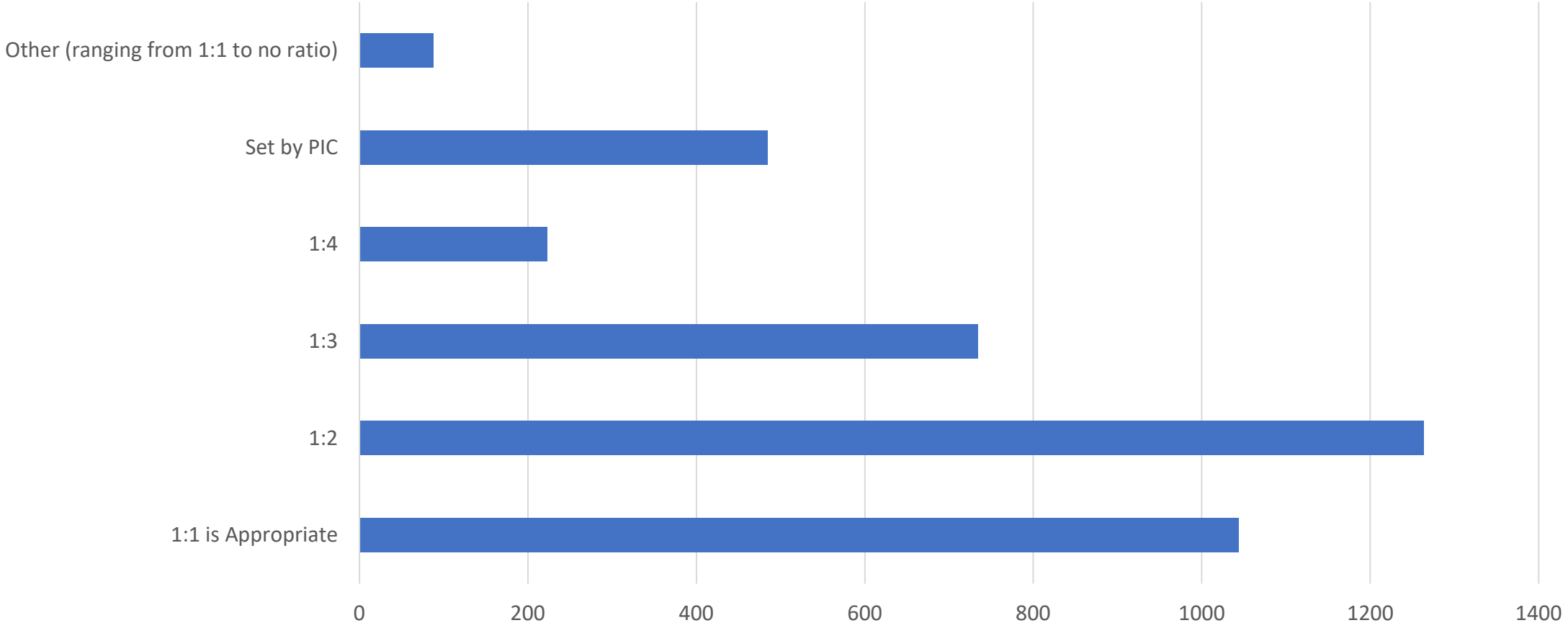


What is the average prescription volume during a typical day at your primary worksite?



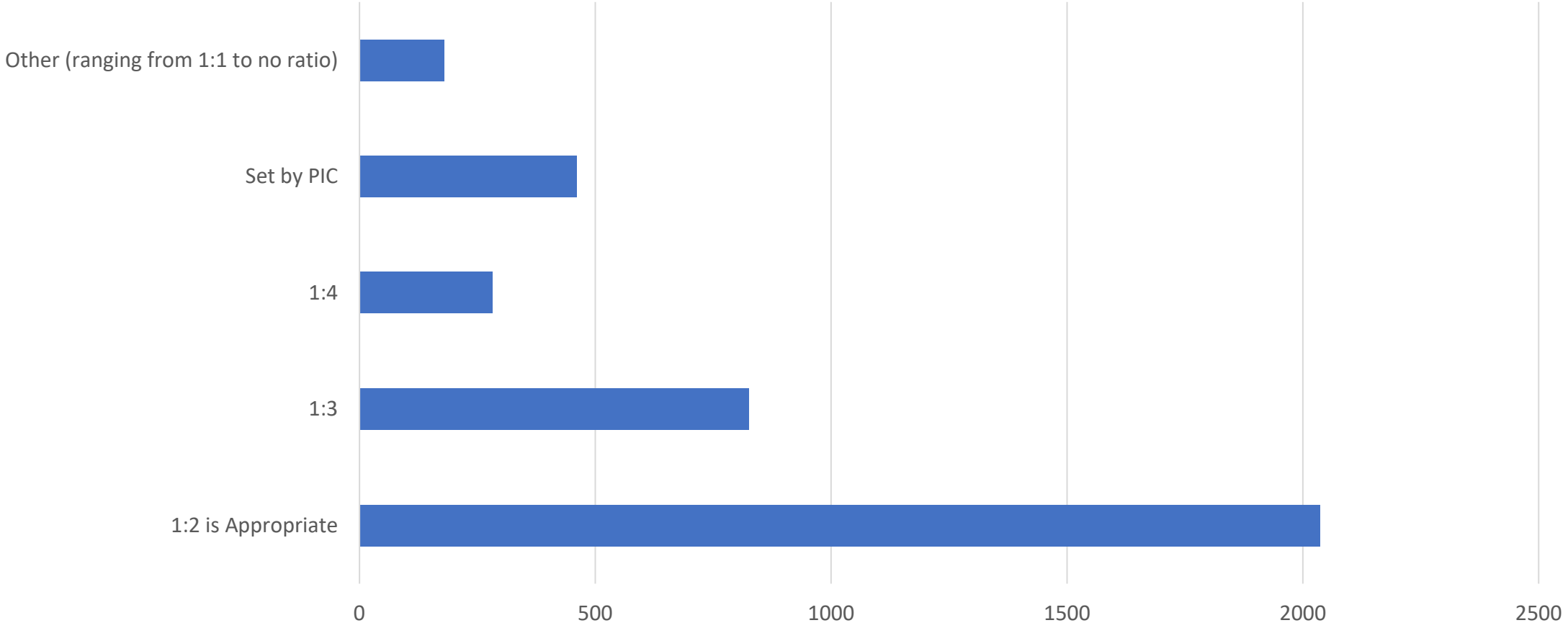
*419 did not respond

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



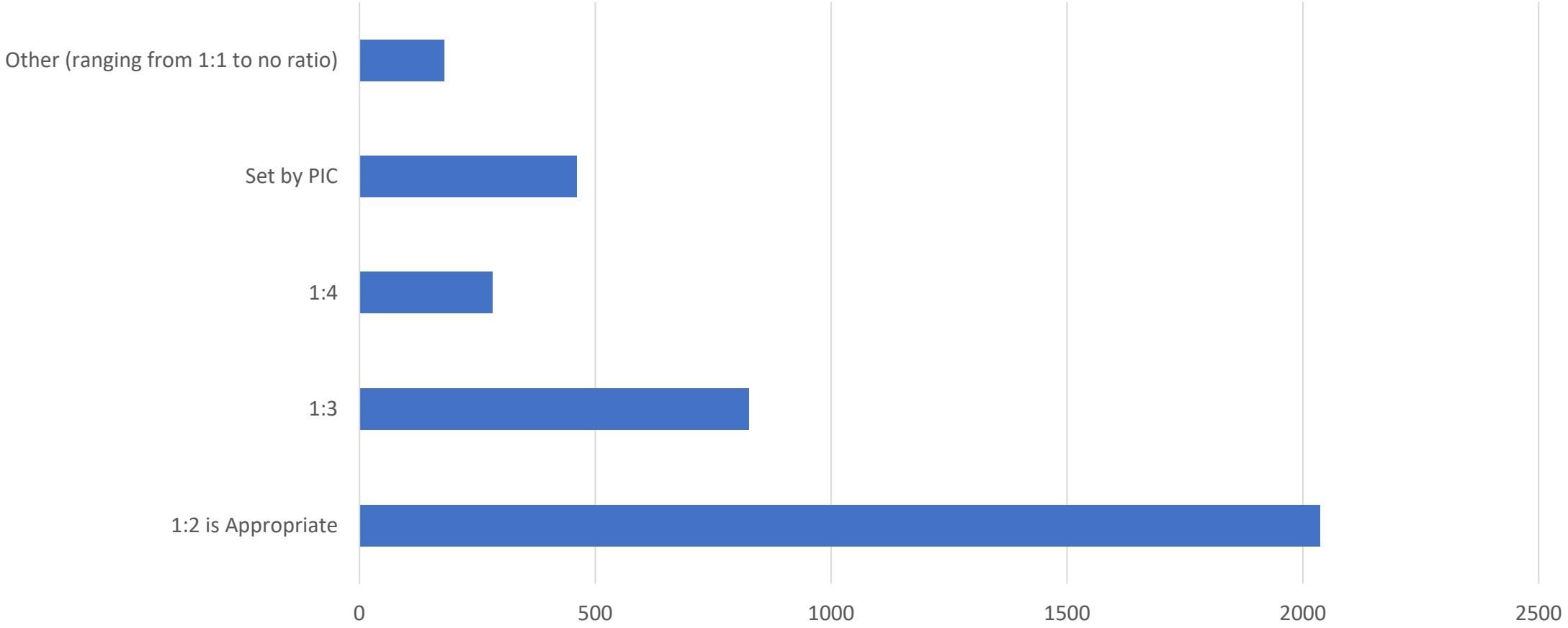
*681 did not respond

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



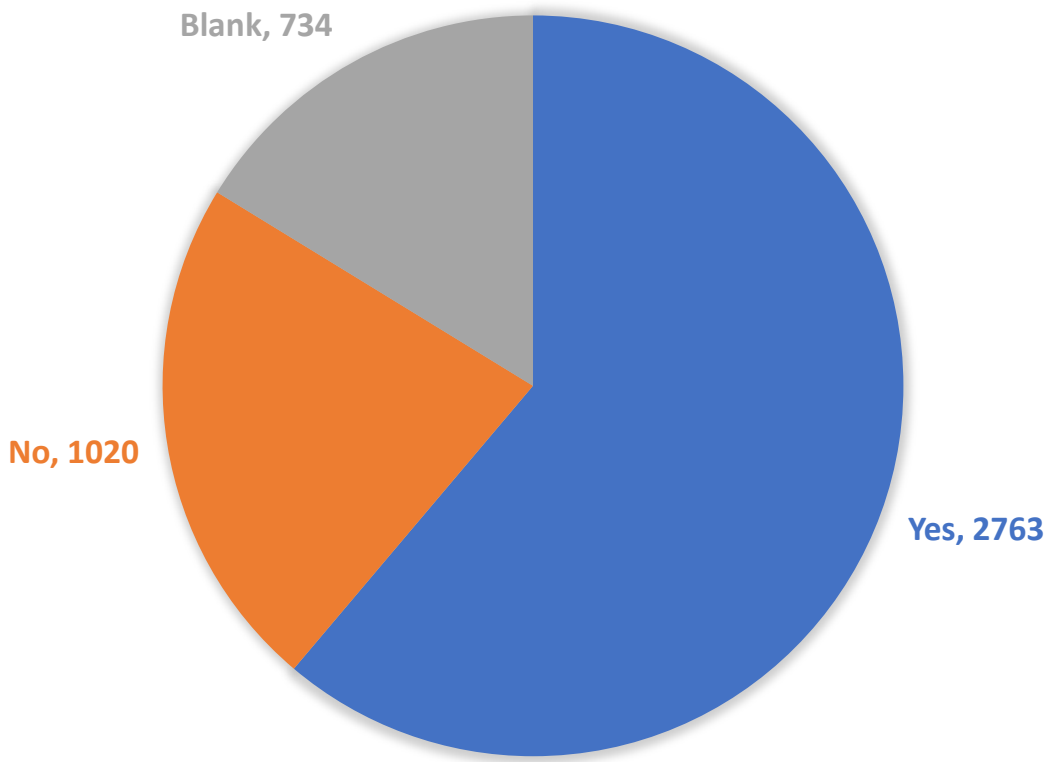
*733 did not respond

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



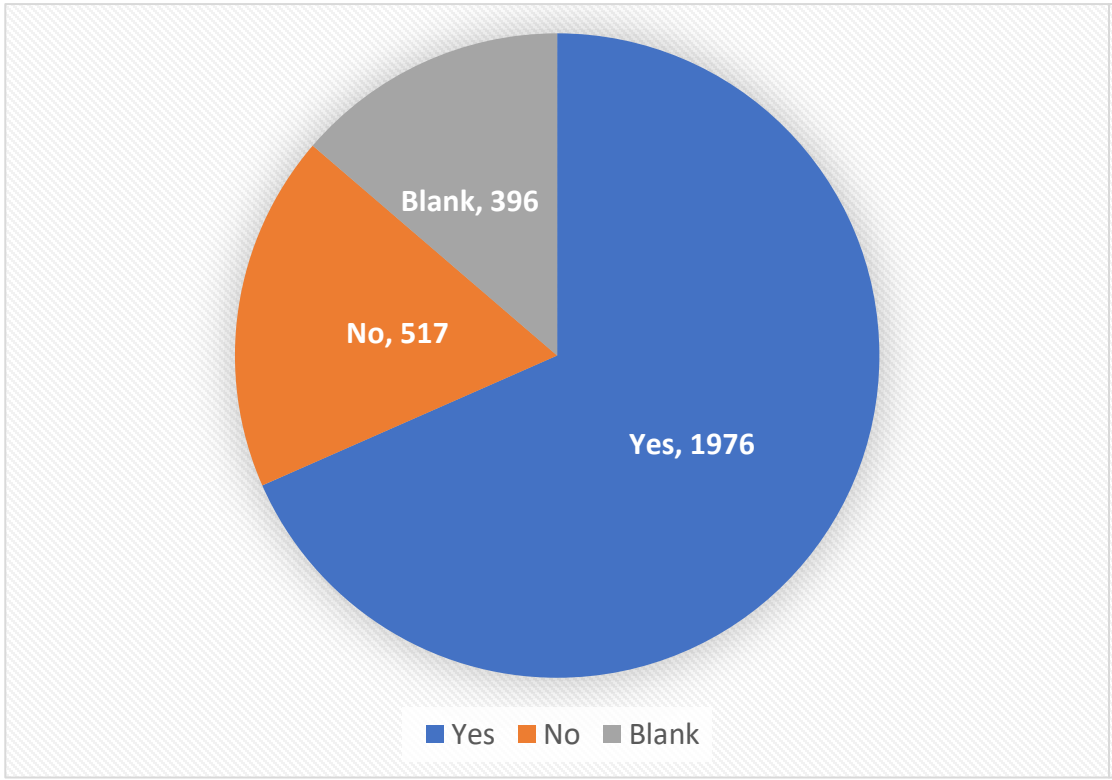
*733 did not respond

In your setting, do you believe you could provide more comprehensive patient care if the number of pharmacy technicians a pharmacist can supervise is increased?

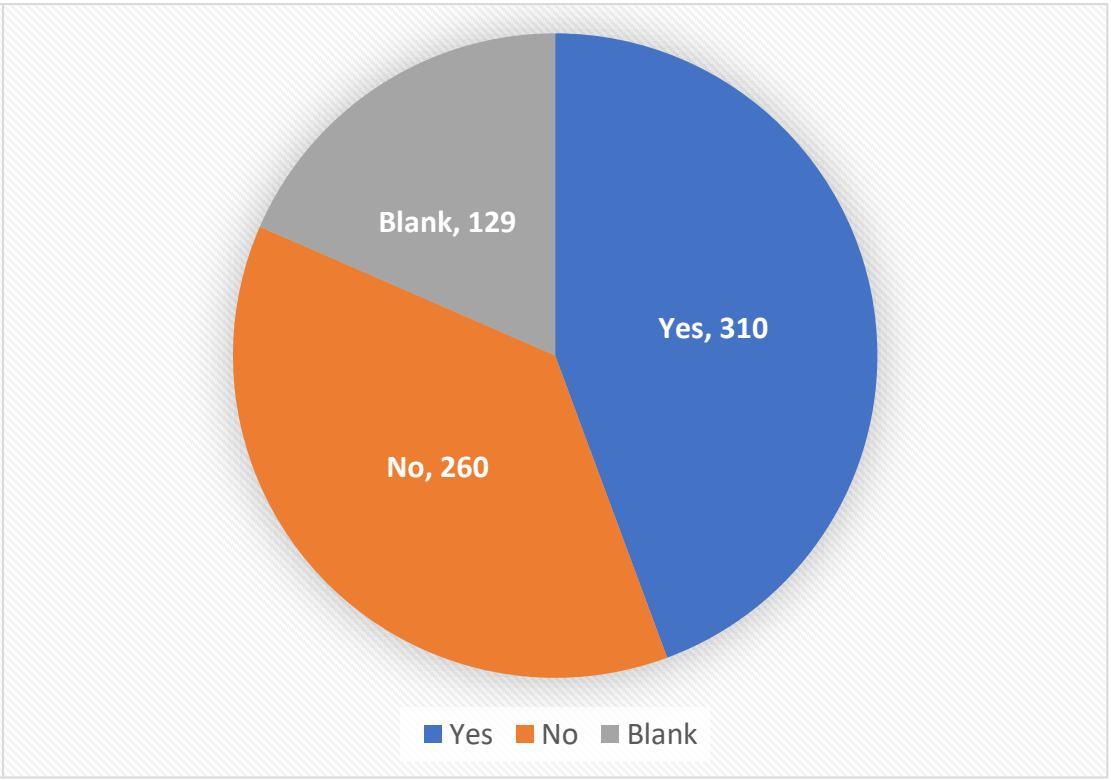


Responses by Worksite*

Community Chain and Non-Chain

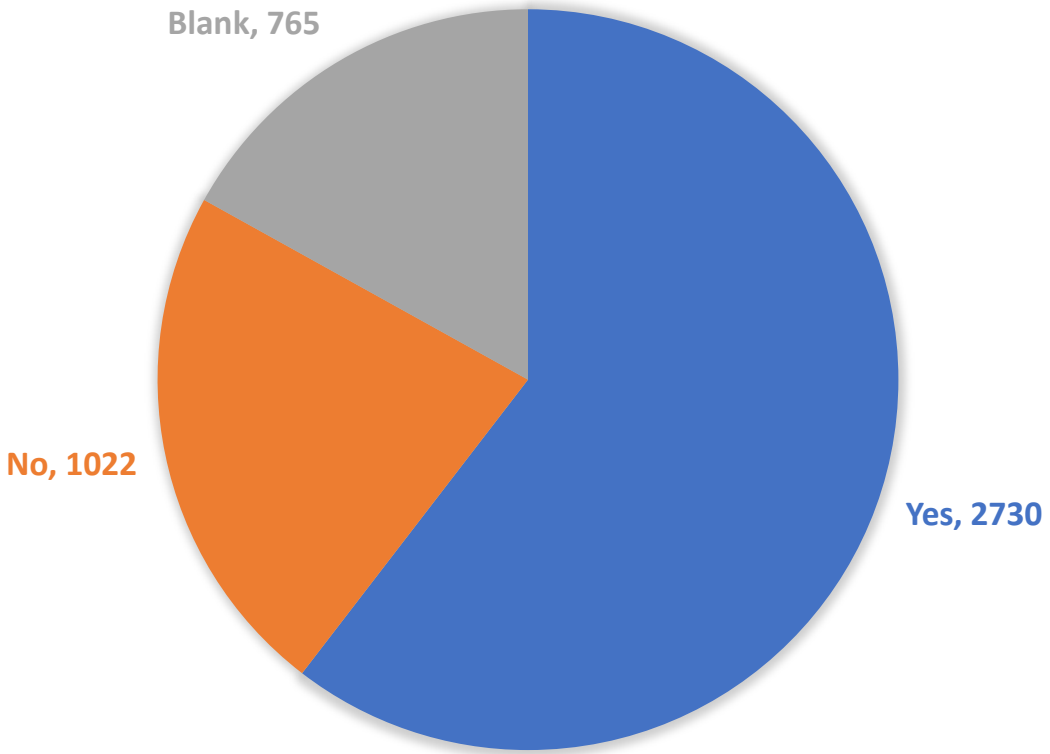


Inpatient Hospital

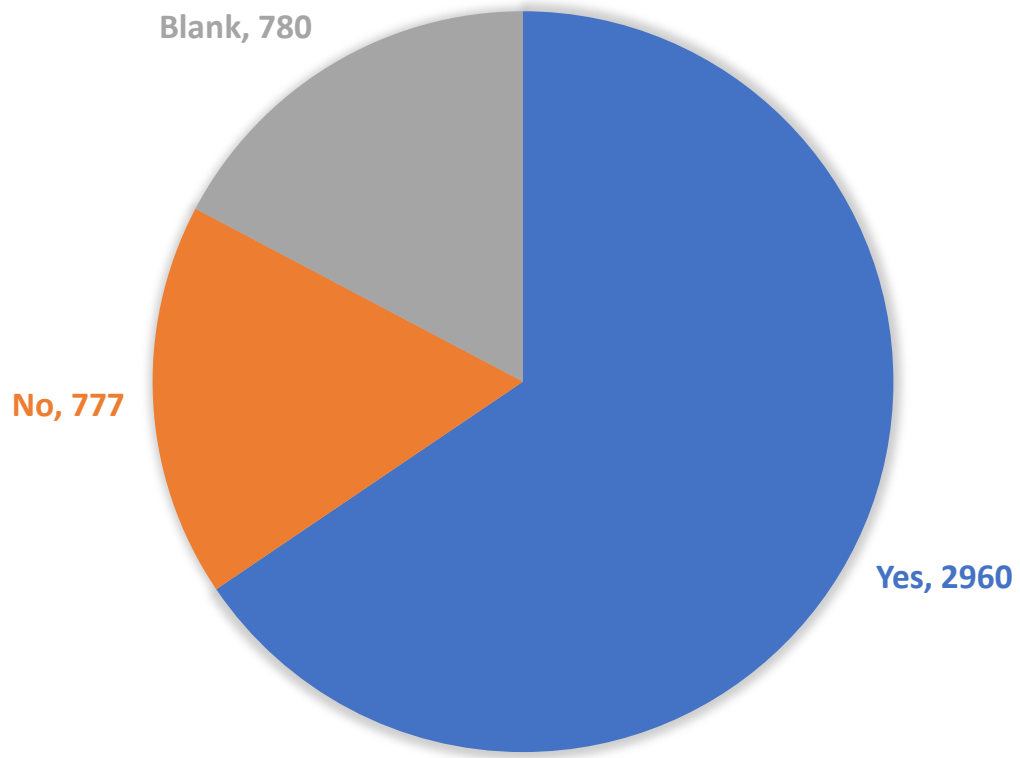


***This data accounts for 3,988 of the total 4517 respondents (88%)**

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?



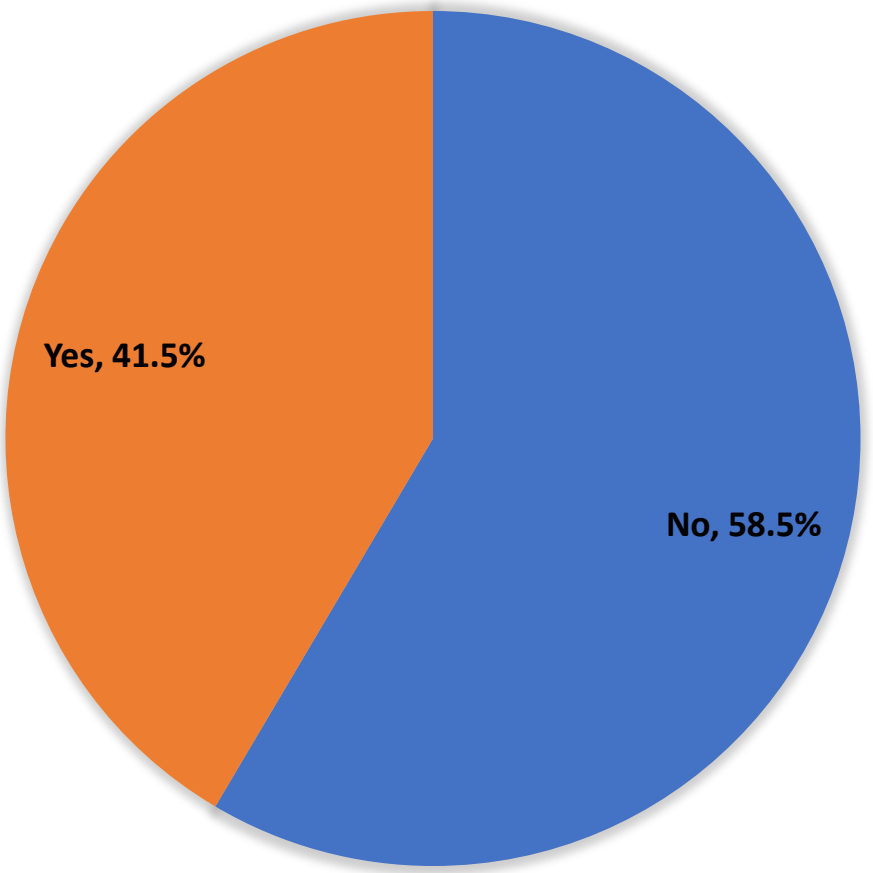
If there is an increase in the number of pharmacy technicians that can be supervised by a pharmacist, do you believe the pharmacist should have the authority to refuse to supervise the additional pharmacy technicians?



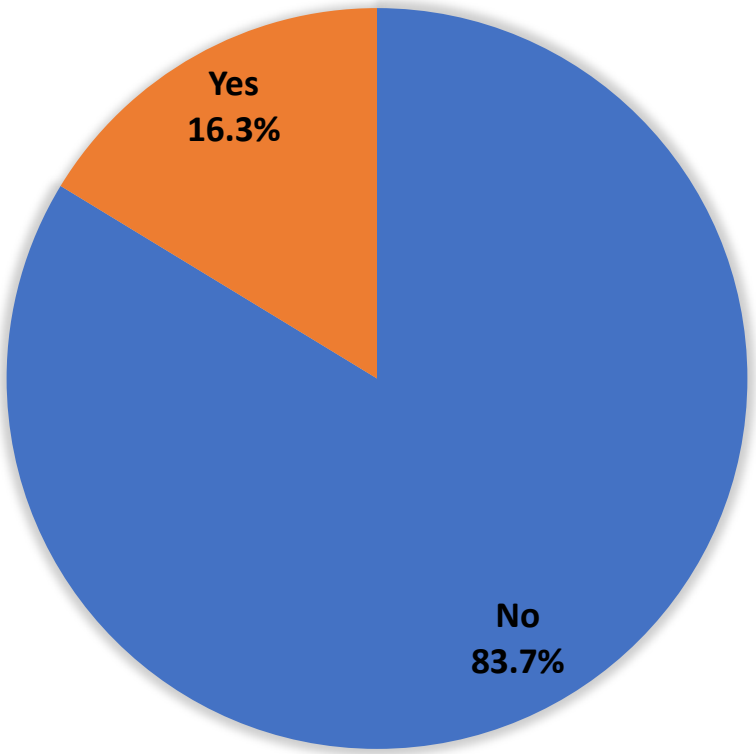
Are you in a management or administrative position for your employer (yes n=997)

and

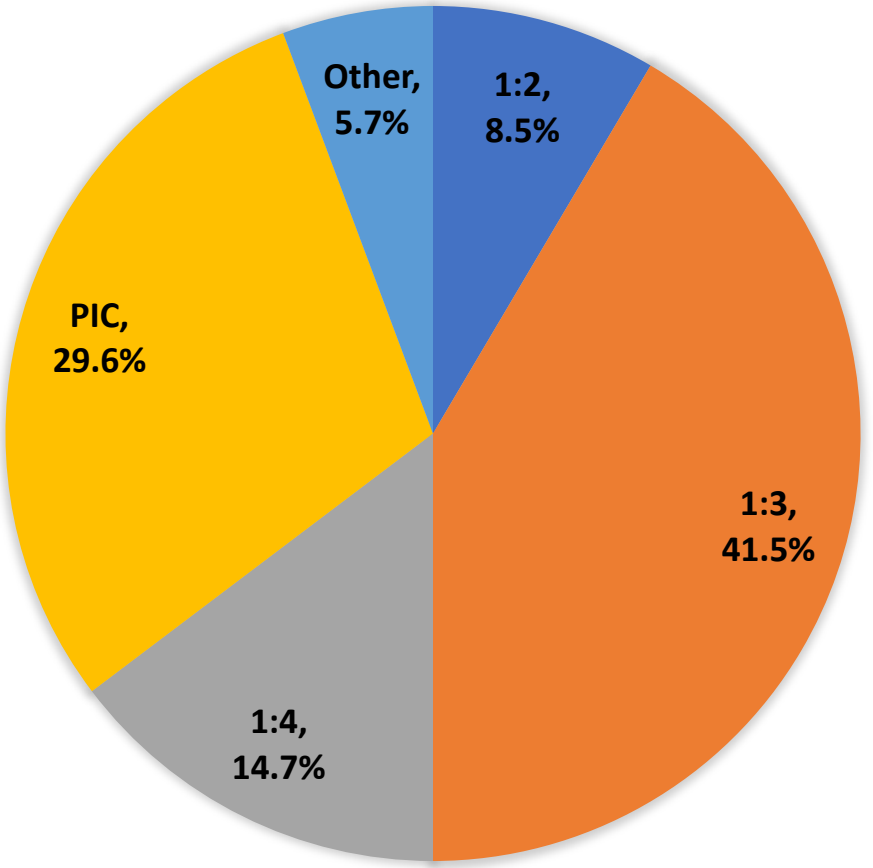
Do you believe the current pharmacist to pharmacy technician ratio in the institutional setting (currently 1:2) is appropriate?



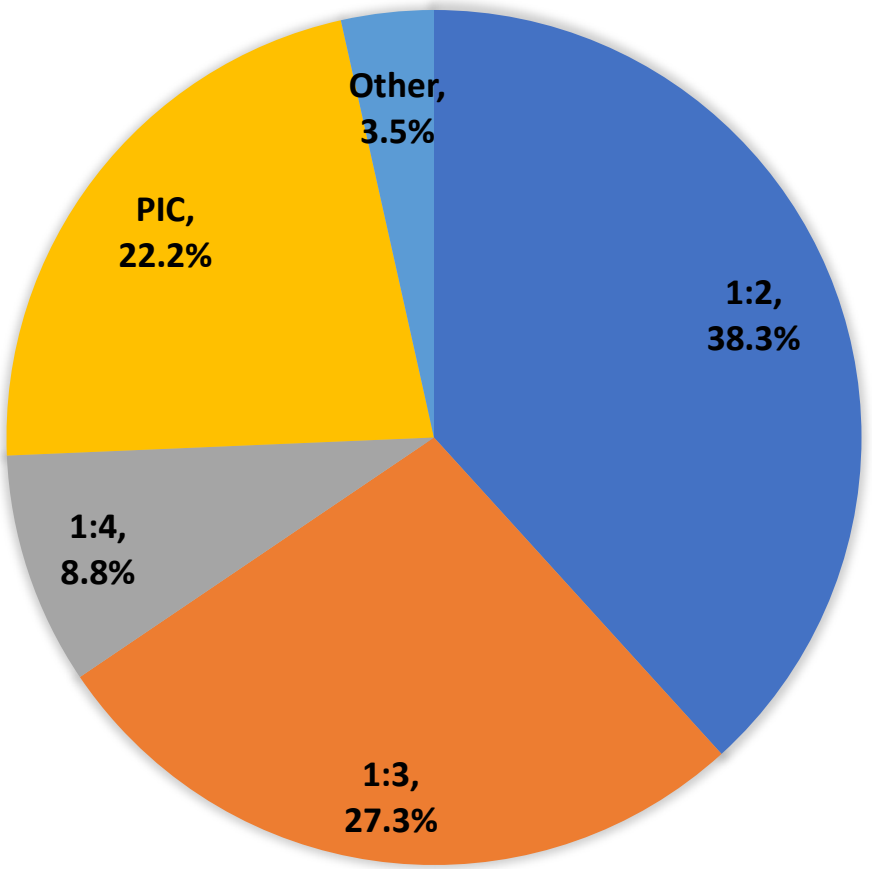
Are you in a management or administrative position for your employer (yes n=1,001)
and
Do you believe the current pharmacist to pharmacy technician ratio in the non-institutional setting (currently 1:1) is appropriate?



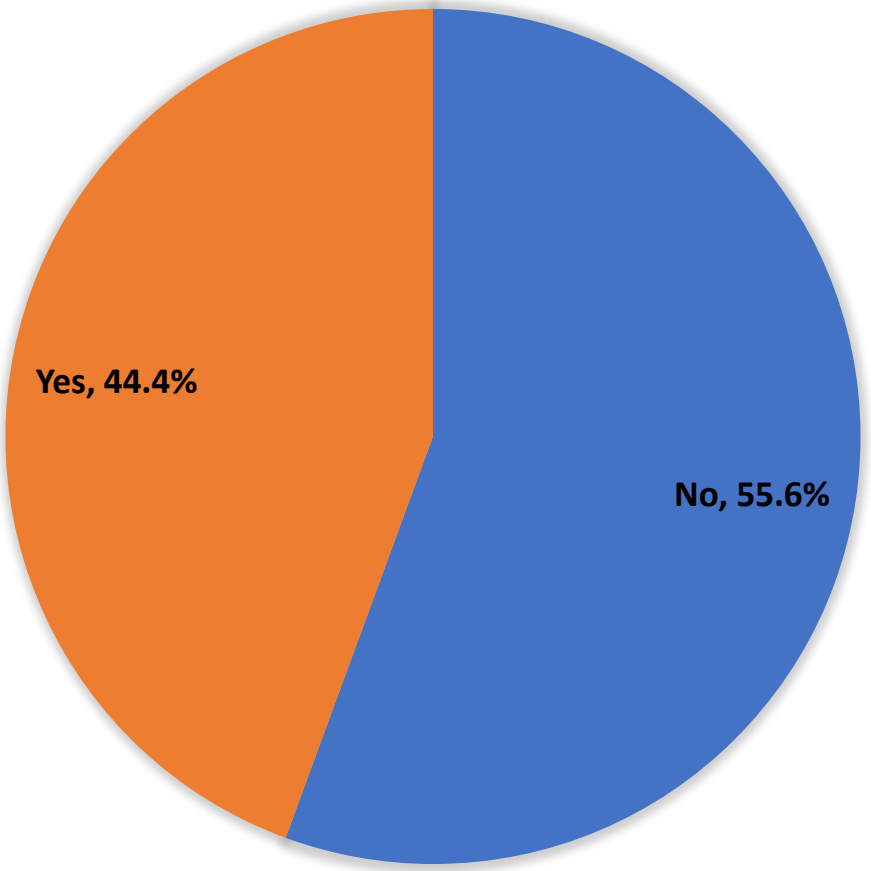
Are you in a management or administrative position for your employer (yes n=648)
and
What is the appropriate ratio in an institutional setting.
(Must have said 1:2 is not appropriate)



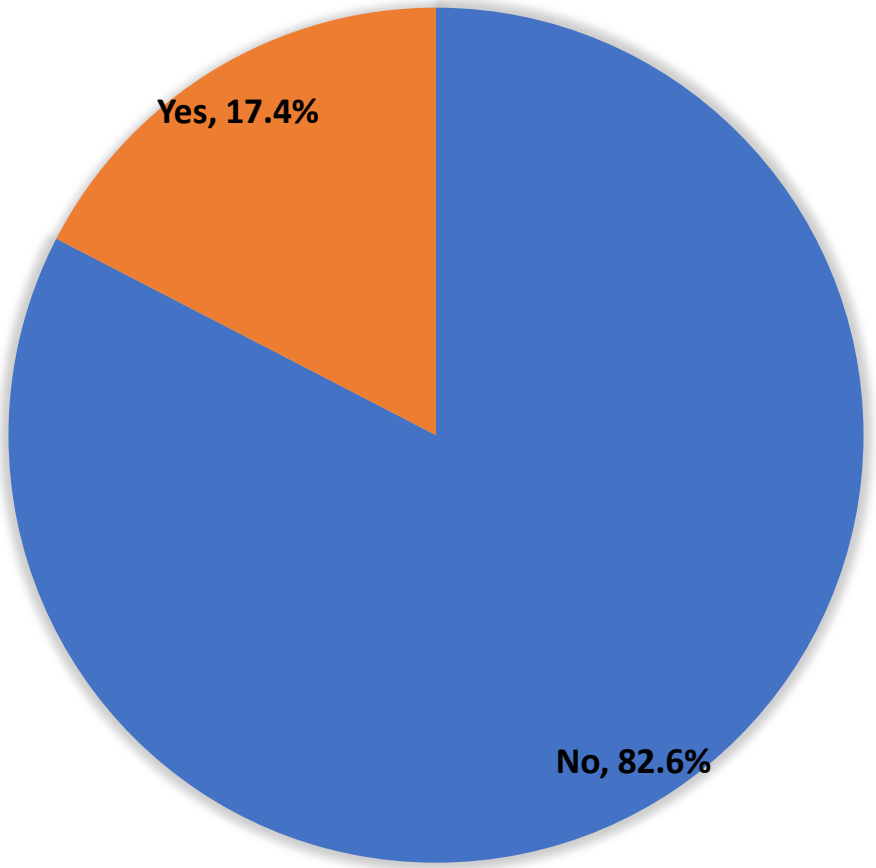
Are you in a management or administrative position for your employer (yes n=866)
and
What is the appropriate ratio in an non-institutional setting.
(Must have said 1:1 is not appropriate)



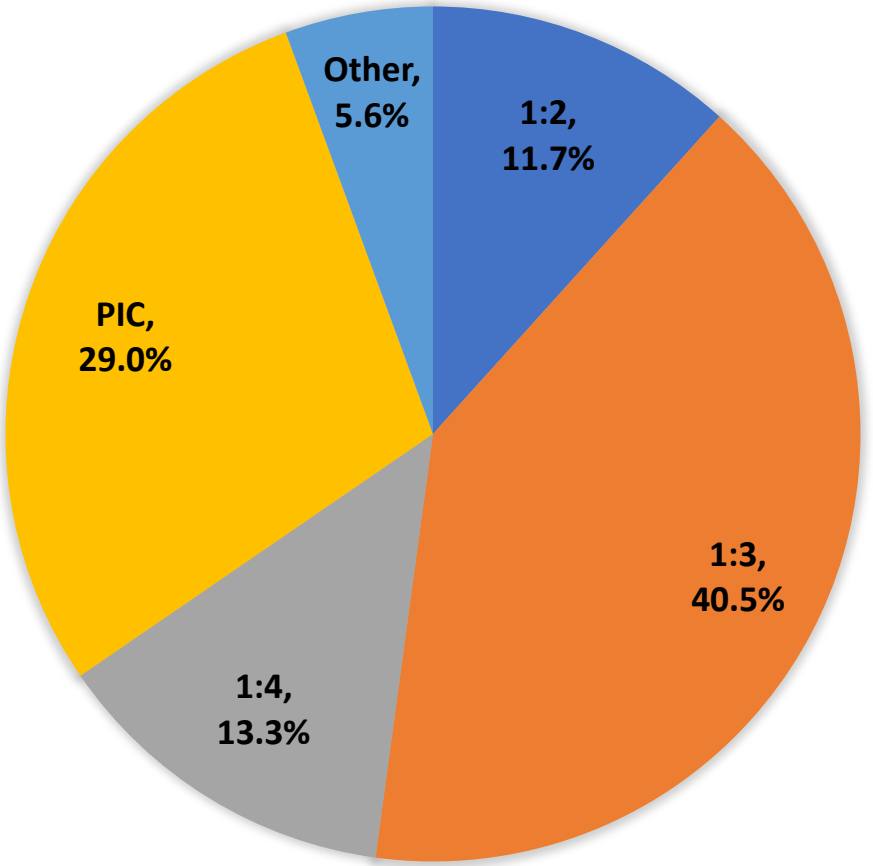
Are you the designated PIC at your primary worksite?
(yes n=1,393)
and
Do you believe the current pharmacist to pharmacy technician ratio in the institutional setting (currently 1:2) is appropriate



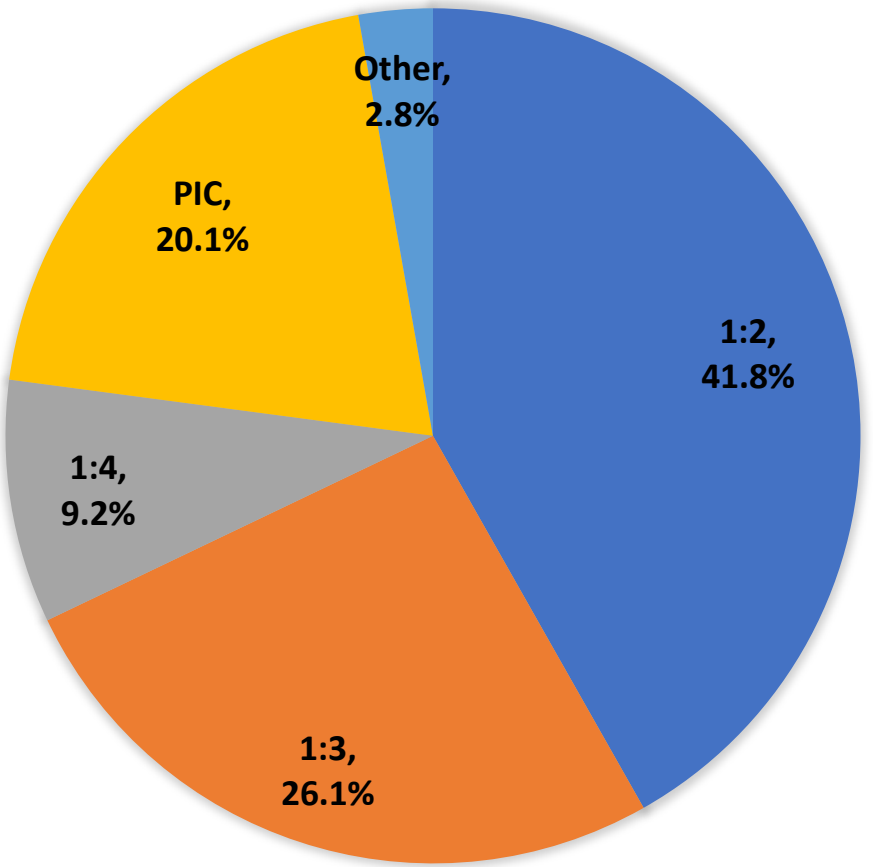
Are you the designated PIC at your primary worksite?
(yes n=1,403)
and
Do you believe the current pharmacist to pharmacy technician ratio in a non-institutional setting (currently 1:1) is appropriate?



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)



Are you the designated PIC at your primary worksite? (yes n=1,200) and What is the appropriate ratio in an non-institutional setting. (must have said 1:1 is not appropriate)



Attachment 4

DEPARTMENT OF CONSUMER AFFAIRS

TITLE 16. PHARMACY

PROPOSED EMERGENCY REGULATORY LANGUAGE

HIV Preexposure Prophylaxis

Legend:	Added text is indicated with an underline. Deleted text is indicated by ~~strikeout~~.

Amend section 1747 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§ 1747. Independent HIV Preexposure and Postexposure Prophylaxis Furnishing.

(a) Prior to independently initiating and furnishing HIV preexposure and/or postexposure prophylaxis to a patient pursuant to Business and Professions Code sections 4052.02 and 4052.03, a pharmacist shall successfully complete a training program approved by the board, provided by a provider accredited by an approved accreditation agency, or as part of an equivalent curriculum-based training program completed from a recognized school of pharmacy. The training program shall satisfy the following criteria:
(1) Each training program shall be specific to the use of HIV preexposure and postexposure prophylaxis, and include at least 1.5 hours of instruction covering, at a minimum, the following areas:
(A) HIV preexposure and postexposure prophylaxis pharmacology.
(B) Requirements for independently initiating and furnishing HIV preexposure and postexposure prophylaxis contained in Business and Professions Code sections 4052.02 and 4052.03.
(C) Patient counseling information and appropriate counseling techniques, including at least, counseling on sexually transmitted diseases and sexual health.
(D) Patient referral resources and supplemental resources for pharmacists.
(E) Financial assistance programs for preexposure and postexposure prophylaxis, including the Office of AIDS' PrEP Assistance Program (PrEP-AP).
(F) Clinical eligibility recommendations provided in the federal Centers for Disease Control and Prevention (CDC) guidelines defined in Business and Professions Code sections 4052.02(c) and 4052.03(c).
(2) The training program shall require the passing of an assessment based on the criteria of (a)(1) with a score of 70% or higher to receive documentation of successful completion of the training program.
(b) A pharmacist who independently initiates or furnishes HIV preexposure and/or postexposure prophylaxis pursuant to Business and Professions Code sections 4052.02 and 4052.03 shall maintain documentation of their successful completion of the training program for a period of four (4) years. Training obtained as part of an equivalent curriculum-based training program, as identified in (a), can be documented by written certification from the registrar or

training director of the educational institution or program from which the licensee graduated stating that the training is included within the institution's curriculum required for graduation at the time the pharmacist graduated, or within the coursework that was completed by the pharmacist. Documentation of training maintained pursuant to this subdivision must be made available upon request of the board.

(c) For the purposes of this section, documentation of preexposure prophylaxis furnished and services provided shall be maintained in patient records, in the record system maintained by the pharmacy, for a minimum of three years from the date when the preexposure prophylaxis was furnished. Such records shall be made available upon request of the Board, consistent with the provisions of Business and Professions Code sections 4081 and 4105.

NOTE: Authority cited: Sections 4005, 4052.02 and 4052.03, Business and Professions Code. Reference cited: Sections 4052, 4052.02, ~~and~~ 4052.03, 4081 and 4105, Business and Professions Code; and Section 120972, Health and Safety Code.

April 17, 2024

Seung Oh, PharmD, President
Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Submission email: Debbie.Damoth@dca.ca.gov

RE: Support for Prompt Regulatory Implementation of SB 339 (Wiener) Ch. 1, Stats. 2024

Dear Dr. Oh and Board of Directors:

On behalf of ViiV Healthcare, I write to urge the California State Board of Pharmacy ("Board") to continue to move expeditiously to implement changes to Business and Professions Code Section 4052.2 enacted through the Governor's signature of Senate Bill (SB) 339 (Wiener), Chapter 1, Statutes of 2024. Following approval from the Board of Pharmacy Licensing Committee on April 10, 2024, we ask the full board to ratify the draft emergency regulations for implementation of SB 339.

Critical among the improvements to previously existing law is the authorization for eligible pharmacists to furnish up to a 90-day course of preexposure prophylaxis (PrEP) under specified circumstances. PrEP is an intervention in the form of a daily pill, or a once-every-two-month injection, to reduce the likelihood of HIV acquisition. ViiV further urges the Board to implement rules to include administration of FDA-approved and CDC-recommended long-acting PrEP.

The new law directs the Board to adopt emergency regulations to implement the new provisions, in accordance with CDC PrEP Guidelines,[1,2] by October 31, 2024. The adoption of regulations is deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare.

ViiV is the only independent, global specialty company devoted, exclusively, to delivering advancement in HIV treatment and prevention to support the needs of people with HIV and those vulnerable to HIV. In collaboration with the HIV community, ViiV is committed to improving access to its HIV medicines and supporting the HIV community in securing enhanced care and treatment.

The prompt implementation of the provisions of SB 339 is essential in supporting the effort to end the HIV epidemic. More than 165,000 Californians are vulnerable to HIV acquisition, but only about one-third have been prescribed PrEP.[3]

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[1] Centers for Disease Control and Prevention (CDC). Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2021 Update: A Clinical Practice Guideline. 2021. https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf. Accessed February 14, 2024.

[2] Centers for Disease Control and Prevention (CDC). HIV Risk and Prevention: PrEP (Pre-Exposure Prophylaxis). July 5, 2022. https://www.cdc.gov/hiv/risk/prep/index.html. Accessed November 14, 2023.

[3] CDC.gov. HIV Surveillance Report. Volume 28 Number 4. Table 9b. https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-28-no-4/content/tables.html

The inclusion of long-acting PrEP may also help to address disparities in PrEP use across vulnerable populations in the state. While California has one of the highest rates of PrEP coverage in the United States, Black and Hispanic Californians have disproportionately low rates of PrEP use when compared to the rate of PrEP use by white Californians with HIV. Black Californians represented 17.1% of new diagnoses in 2021 but only 4.5% of PrEP users in the state. Hispanic/Latino Californians represented 51.9% of new diagnoses in 2021 but only 27.8% of PrEP users in the state. Women represented 12.6% of new diagnoses in the state in 2021 but only 5.5% of PrEP users in the state.[4] These disparities may indicate that daily oral PrEP has not effectively met the needs of key populations who could benefit from HIV prevention. A long-acting injectable formulation of PrEP may offer a valuable alternative to some.

ViiV firmly believes that in order to fulfill the intent of this enacted law, the Board must include both daily oral PrEP and long-acting injectable PrEP in its rulemaking. The prioritized implementation of SB 339 by the Board will help improve critically needed PrEP accessibility within the state's underserved populations vulnerable to HIV acquisition.

We look forward to further engaging in the rulemaking process and are happy to assist the Board in any manner as you work to develop additional training. Please don't hesitate to contact me at Kristen.x.tjaden@viivhealthcare.com.

Sincerely,

Kristen Tjaden
Government Relations Director
ViiV Healthcare

[4] AIDS VU, California. https://aidsvu.org/local-data/united-states/west/california/. Accessed February 28, 2024.

Attachment 5

Department of Consumer Affairs
Title 16. Pharmacy

Proposed Regulatory Language
Automated Patient Dispensing Systems Consultation

Legend: Added text is indicated with an underline.
Deleted text is indicated as ~~strikeout~~

Amendment to § 1713 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§ 1713. Receipt and Delivery of Prescriptions and Prescription Medications Must be To or From Licensed Pharmacy.

(a) Except as otherwise provided in this Division, no licensee shall participate in any arrangement or agreement, whereby prescriptions, or prescription medications, may be left at, picked up from, accepted by, or delivered to any place not licensed as a retail pharmacy.
(b) A licensee may pick up prescriptions at the office or home of the prescriber or pick up or deliver prescriptions or prescription medications at the office of or a residence designated by the patient or at the hospital, institution, medical office or clinic at which the patient receives health care services. In addition, the Board may, in its sole discretion, waive application of subdivision (a) for good cause shown.
(c) A patient or the patient's agent may deposit a prescription in a secure container that is at the same address as the licensed pharmacy premises. The pharmacy shall be responsible for the security and confidentiality of the prescriptions deposited in the container.
(d) A pharmacy may use an automated patient dispensing system (APDS) to deliver prescription medications to patients provided:
(1) A pharmacist has determined that each patient using the APDS meets inclusion criteria for use of the APDS established by the pharmacy prior to delivery of prescription medication to that patient.
(2) The APDS has a means to identify each patient and only release that patient's prescription medications to the patient or patient's agent.
(3) A patient shall receive consultation by a pharmacist from an APDS for the first time the prescribed drug is dispensed, as specified in Business and Professions Code section 4427.6 via a telecommunications link that has two-way audio and video. Further, ~~The~~ the pharmacy is able to provide~~s~~ an immediate consultation with a pharmacist, either in-person or via telephone, upon the request of a patient.

(4) Any incident involving the APDS where a complaint, delivery error, or omission has occurred shall be reviewed as part of the pharmacy's quality assurance program mandated by Business and Professions Code section 4125.
(e) Any pharmacy making use of an APDS shall maintain, and on an annual basis review, written policies and procedures providing for:
(1) Maintaining the security of the APDS and the dangerous drugs within the APDS.
(2) Determining and applying inclusion criteria regarding which medications are appropriate for placement in the APDS and for which patients, including when consultation is needed.
(3) Ensuring that patients are aware that consultation with a pharmacist is available for any prescription medication, including for those delivered via the APDS.
(4) Describing the assignment of responsibilities to, and training of, pharmacy personnel regarding the maintenance and filing procedures for the APDS.
(5) Orienting participating patients on use of the APDS, notifying patients when expected prescription medications are not available in the APDS, and ensuring that patient use of the APDS does not interfere with delivery of prescription medications.
(6) Ensuring the delivery of medications to patients in the event the APDS is disabled or malfunctions.
(f) Written policies and procedures shall be maintained at least three years beyond the last use of an APDS.

Credits

NOTE: Authority cited: Sections 4005, 4075 and 4114, Business and Professions Code. Reference: Sections 4005, 4017.3, 4052, 4116, 4117, 4427, 4427.1, 4427.2, 4427.3, 4427.4, 4427.5, 4427.6, 4427.7 and 4427.8, Business and Professions Code.

Attachment 6

Central Fill

Rob Geddes, PharmD, MBA

Director, Pharmacy Legislative and Regulatory Affairs

What is Central Fill?

- Shared service between two licensed pharmacies.
  - Common Ownership
  - Third Party Contract
- Highly automated facilities that usually service hundreds of pharmacies across a large geography.
- Allows a pharmacy owner the ability to control inventory costs and leverage economies of scale.
- Important Definitions:
  - Dispensing Pharmacy
    - Pharmacy that dispenses the prescription directly to a patient.
    - Responsible for prescription intake, data entry, drug utilization review, data entry verification, dispensing, and counseling.
  - Central Fill Pharmacy
    - Pharmacy that physically places the prescription medication in a vial for delivery back to the local/dispensing pharmacy for ultimate dispensing to the patient.
    - Responsible for accurately filling the medication, adhering the appropriate label on the vial, and shipping the completed prescription back to the local/dispensing pharmacy.

Flow of the Prescription

Dispensing Pharmacy

1. Prescription received from the prescriber and/or patient
2. Data Entry and Adjudication of the prescription occurs
3. Data Verification/Data Utilization Review performed
4. Notification sent to Central Fill Pharmacy if the prescription meets certain criteria
    1. Future dated prescription, medication in CF formulary, etc

Central Fill Pharmacy

1. Central Fill pharmacy receives notification to fill prescription
2. Automation or manual filling of the prescription is performed
3. Prescription is sorted into tote belonging to dispensing pharmacy
4. Prescription tote shipped to dispensing pharmacy

Dispensing Pharmacy

1. Dispensing pharmacy receives filled prescriptions from Central Fill
2. Prescriptions are checked in and placed in will call
3. Patient is notified that their prescription is ready for pick up
4. Patient arrives at the pharmacy for pick up
5. Prescription is sold to the patient and counseling is provided by the pharmacist
    1. Payment is collected from patient and third party payor

Central Fill Pharmacies are Highly Automated Environments

Sincerely,

Albertsons Companies

SAFEWAY · Albertsons · VONS · Jewel Osco · ACME · shaw's · Tom Thumb · United supermarkets · United Express · Randalls · Albertsons Market

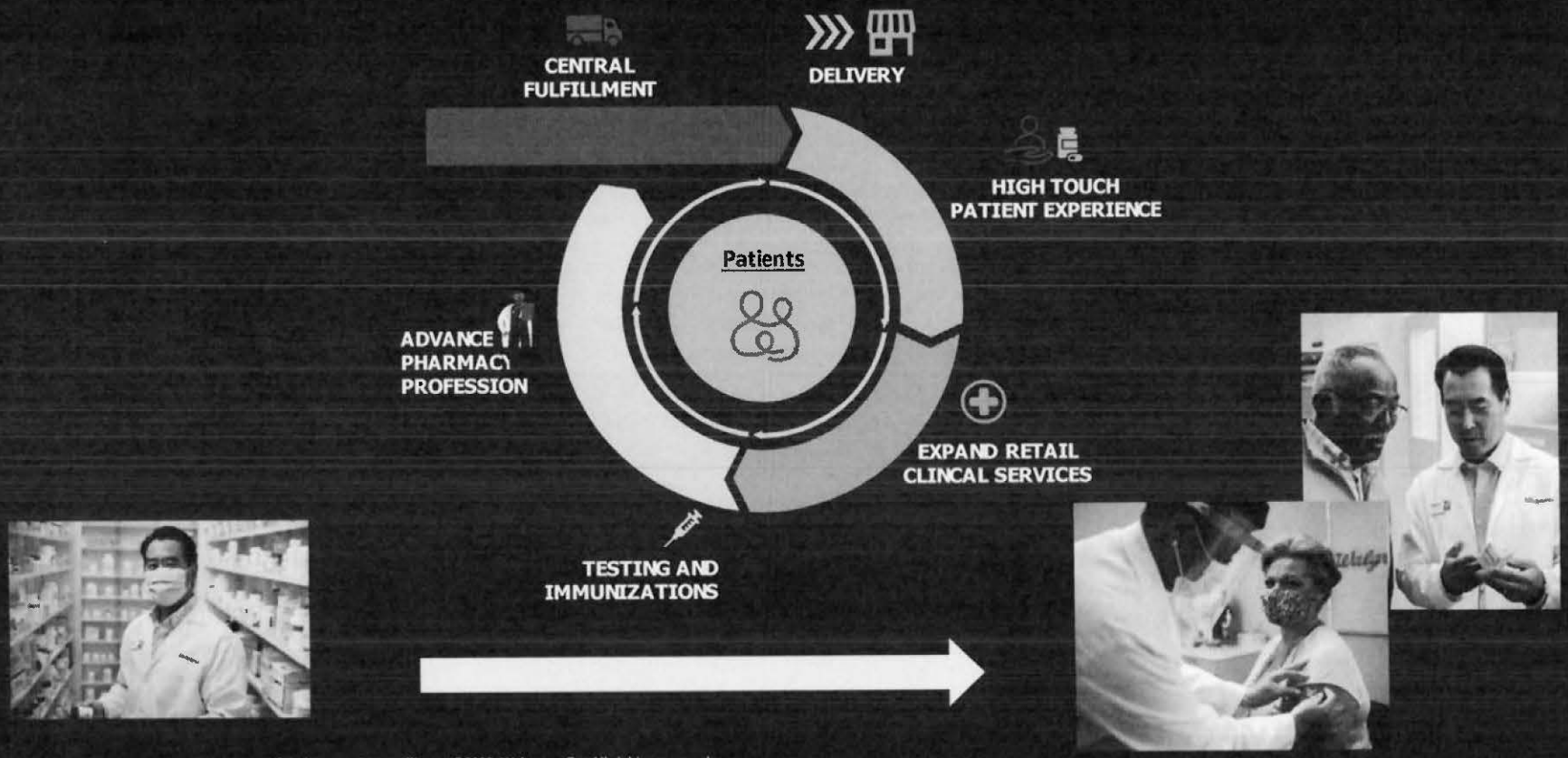
Pavilions · star market · KING'S · Market Street · Haggen Northwest Fresh · CARRS · Andronico's Community Markets · Balducci's · Amigos · Lucky · Albertsons Market Street

Walgreens Centralized Prescription Dispensing

Lorri Walmsley, RPh, FAzPA

Director, Pharmacy Affairs

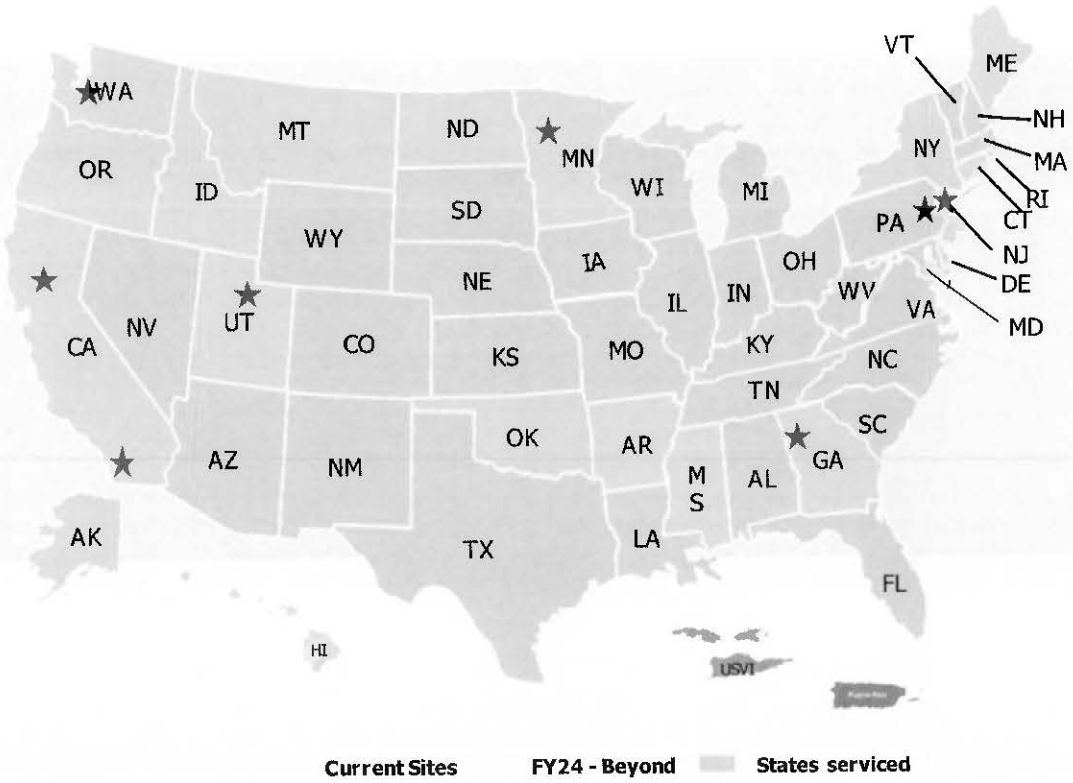
Central Fulfillment enables the Future of Pharmacy



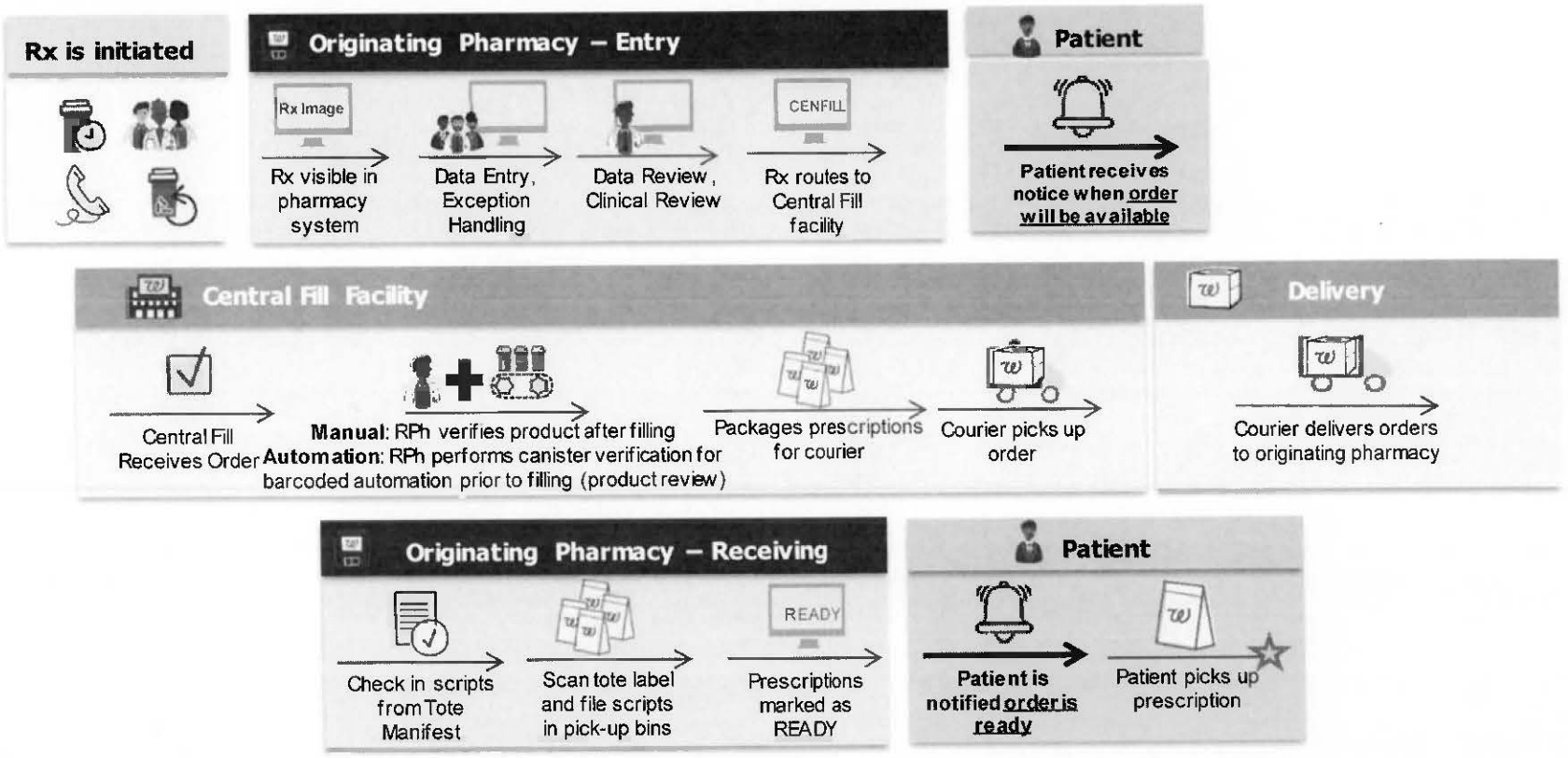
Centralized Prescription fulfilment continues to expand in FY24 with the activation of new sites

11 Central Fill Pharmacies

Servicing **32** states



Journey for Centrally Filled Prescriptions



Prescription Record Keeping

*Automation Central Fill

Maintained and retrievable across the entire fulfillment process

Audit / Board of Pharmacy Inspection Report

Rx #: 9398046-1 **Store #: 59750** **Sold Date: 04/26/2022**

Annotations

This prescription does not have Annotations.

Prescription Information

Patient

Name: PAUL CARL
Address:
2001 AKE COOK ROAD
NASHVILLE, VA 37219
(768) 768-7876
Date of Birth: 04/20/1990
Allergies/Health Conditions: No known allergies.

Drug

Drug: LIPITOR 10MG TABLETS
MFG: PFIZER
NDC: 00071-0155-23
Generic for:
Drug Class: RX
Directions: TK 1 T PO QD

Qty: 30 **Days Supply:** 30
Original Date: 04/26/2022 00:00
Refills remaining when entered: 3

Prescriber

Name: ANDERSON WESS
DEA #: 1113845999G
Address:
300 WILMOT RD
GRAYSLAKE, IL 60030
(847) 556-9979

Fill History

Scanning overridden
Pat selected by J. PERICO on 04/26/2022 11:01:25 at 59750
Pbr selected by J. PERICO on 04/26/2022 11:01:25 at 59750
Entered by J. M. PERICO on 04/26/2022 11:01:25 at 59750
Pat Pbr rev by J. M. PERICO on 04/26/2022 11:02:32 at 59750
Data Prod rev by J. M. PERICO on 04/26/2022 11:02:32 at 59750
Robotic Central Fill
Filled by B. CAPA on 04/26/2022 11:15:28 at 21389
Prod rev by R. GREEN on 04/26/2022 11:15:33 at 21389
Sold Date: 04/26/2022 15:03:07
RPH of Record: J. M. PERICO

DUR

Prescription Record Keeping

*Manual Central Fill

Maintained and retrievable across the entire fulfillment process

Audit / Board of Pharmacy Inspection Report

Rx #: 2501017-2 **Store #: 59403** **Sold Date: 10/06/2021**

Annotations

This prescription does not have Annotations

Prescription Information

All times are Central Standard Time (except DUR comments which is local time)

Patient

Name: JULY CASH
Address:
755 WINDSOR RD
CHAMPAIGN, FL 61822
(887) 564-3224
Date of Birth: 01/01/2001
Allergies/Health Conditions: No known allergies

Drug

Drug: ATORVASTATIN 10MG TABLETS
MFG: DR REDDY'S
NDC: 55111-0121-05
Generic for:
Drug Class: RX
Directions: TK 1 T PO QD

Qty: 12 **Days Supply:** 12
Original Date: 10/04/2021 00:00
Refills remaining when entered: 5

Prescriber

Name: KHAN KHAN
DEA #: SA1233333
Address:
SI STREET
GRAND PRAIRIE, NY 75001
(847) 444-4444

Fill History

Scanning overridden
Pat selected by J. PERICO on 10/04/2021 14:46:10 at 59403
Phr selected by J. PERICO on 10/04/2021 14:16:10 at 59403
Entered by J. M. PERICO on 10/04/2021 01:50:03 at 59403
Pat Phr rev by J. M. PERICO on 10/04/2021 01:46:36 at 59403
Data Prod rev by J. M. PERICO on 10/04/2021 01:46:36 at 59403
Manual Central Fill
Filled by M. MONROE on 10/05/2021 07:07:20 at 21372
Prod rev by M. MONROE on 10/05/2021 07:07:37 at 21372
Sold Date: 10/06/2021 12:37:56
RPH of Record J. M. PERICO

DUR

Attachment 7

Proposal to Amend Business and Professions Code Section 4052.

(a) Notwithstanding any other law, a pharmacist may do all of the following:

(1) Furnish a reasonable quantity of compounded drug product to a prescriber for office use by the prescriber.

(2) Transmit a valid prescription to another pharmacist.

(3) Administer drugs and biological products that have been ordered by a prescriber.

(4) ~~Perform procedures or functions in a licensed health care facility as authorized by Section 4052.1~~. Initiate and perform routine patient assessment procedures including skin puncture and clinical laboratory tests that are classified as waived pursuant to the federal Clinical Laboratory Improvement Amendments of 1988 (42 (U.S.C. Sec. 263a) and the regulations adopted thereunder by the federal Health Care Financing Administration as authorized by section 12 06.5 or section 12 06. 6

~~(5) Perform procedures or functions as part of the care provided by a health care facility, a licensed home health agency, a licensed clinic in which there is physician oversight, a provider who contracts with a licensed health care service plan with regard to the care or services provided to the enrollees of that health care service plan, or a physician, as authorized by Section 4052.2.~~ Upon patient consent, perform therapeutic interchanges unless the prescriber has indicated "Do not substitute" "Do not alter" or similar words. Such interchanges include use of biosimilars, different dosage forms, drugs within the same drug classification, and generic substitutions intended to optimize patient care.

(6) Perform procedures or functions as authorized by Section 4052.6.

(7) Manufacture, measure, fit to the patient, or sell and repair dangerous devices, or furnish instructions to the patient or the patient's representative concerning the use of those devices.

~~(8) Provide consultation, training, and education to patients about drug therapy, disease management, and disease prevention.~~

(9) Provide professional information, including clinical or pharmacological information, advice, or consultation to patients and ~~other~~ health care professionals, and participate in multidisciplinary review of patient progress, including appropriate access to medical records.

(10) Furnish an FDA approved or authorized medications that is preventative or does not require a diagnosis. The pharmacist shall notify the patient's primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist shall provide the patient with a written record of the drugs or devices furnished and advise the patient to consult a physician of the patient's

choice. This section shall not allow a pharmacist to furnish a medication for off-label use.

(11) Furnish an FDA approved or authorized noncontrolled medication for the treatment of conditions that

(a) are minor, non-chronic health conditions

(b) or for which a CLIA waived test provides diagnosis and the treatment is limited in duration.

The pharmacist shall notify the patient's primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist shall provide the patient with a written record of the drugs or devices furnished and advise the patient to consult a primary care provider. This section shall not allow a pharmacist to furnish a medication for off-label use.

(12) Order and interpret drug therapy related tests. ~~tests for the purpose, monitoring and managing the efficacy and toxicity of drug therapies.~~ A pharmacist who orders and interprets tests pursuant to this paragraph shall ensure that the ordering of those tests is done in coordination with the patient's primary care provider or diagnosing prescriber, as appropriate, including promptly transmitting written notification to the patient's diagnosing prescriber or entering the appropriate information in a patient record system shared with the prescriber, when available and as permitted by that prescriber.

(13) Initiate, adjust, or discontinue drug therapy for a patient under any of the following:

(A) A collaborative practice agreement with any health care provider with prescriptive authority. The collaborative practice agreement may be between a single or multiple pharmacists and a single or multiple health care providers with prescriptive authority.

(B) Pursuant to an order or authorization made by the patient's prescriber and in accordance with the policies, procedures, or protocols of the entity providing health care services unless a patient's treating prescriber otherwise prohibits such action.

(14) Provide medication used to treat substance use disorder~~-assisted treatment pursuant to a state protocol,~~ to the extent authorized by federal law.

(15) Complete missing information on a prescription for a noncontrolled medication if there is evidence to support the change.

(16) Initiate and administer any FDA approved or authorized immunization for persons three years of age and older.

(17) Adjust prescription treatment drug regime consistent with medication therapy management reviews for chronic conditions.

(b) A pharmacist who is authorized to issue an order to initiate or adjust a controlled substance therapy pursuant to this section shall personally register with the federal Drug Enforcement Administration.

(c) This section does not affect the applicable requirements of law relating to either of the following:

(1) Maintaining the confidentiality of medical records.

(2) The licensing of a health care facility.

Amend BPC 4050 as follows:

(a) In recognition of and consistent with the decisions of the appellate courts of this state, the Legislature hereby declares the practice of pharmacy to be a profession.

(b) ~~Pharmacy~~ Pharmacist practice is a dynamic, patient-oriented health service that applies a scientific body of knowledge to improve and promote patient health by means of patient-care activities to optimize appropriate drug use, drug-related therapy, disease management and prevention, and communication for clinical and consultative purposes. ~~Pharmacy~~ Pharmacist practice is continually evolving to include more sophisticated and comprehensive patient care activities.

(c) The Legislature further declares that pharmacists are health care providers who have the authority to provide health care services.

Amend BPC 4051 as follows:

(a) Except as otherwise provided in this chapter, it is unlawful for any person to manufacture, compound, furnish, sell, or dispense a dangerous drug or dangerous device, or to dispense or compound a prescription pursuant to Section 4040 of a prescriber unless he or she is a pharmacist under this chapter.

(b) Notwithstanding any other law, a pharmacist may authorize the initiation of a prescription, pursuant to Section 4052~~.1, 4052.2, 4052.3, or 4052.6,~~ and otherwise provide clinical advice, services, information, or patient consultation, as set forth in this chapter, if all of the following conditions are met:

(1) The clinical advice, services, information, or patient consultation is provided to a health care professional or to a patient or patient's agent.

(2) The pharmacist has access to prescription, patient profile, or other relevant medical information for purposes of patient and clinical consultation and advice.

(3) Access to the information described in paragraph (2) is secure from unauthorized access and use.

Amend BPC 4040 as follows:
(a) "Prescription" means an oral, written, or electronic transmission order that is both of the following:

(1) Given individually for the person or persons for whom ordered that includes all of the following:

(A) The name or names and address of the patient or patients.

(B) The name and quantity of the drug or device prescribed and the directions for use.

(C) The date of issue.

(D) Either rubber stamped, typed, or printed by hand or typeset, the name, address, and telephone number of the prescriber, the prescriber's license classification, and the prescriber's federal registry number, if a controlled substance is prescribed.

(E) A legible, clear notice of the condition or purpose for which the drug is being prescribed, if requested by the patient or patients.

(F) If in writing, signed by the prescriber issuing the order, or the certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor who issues a drug order pursuant to Section 2746.51, 2836.1, 3502.1, or 3640.5, respectively, or the pharmacist who issues a drug order ~~pursuant to Section 4052.1, 4052.2, or 4052.6~~.

(2) Issued by a physician, dentist, optometrist, doctor of podiatric medicine, veterinarian, or naturopathic doctor pursuant to Section 3640.7 or, if a drug order is issued pursuant to Section 2746.51, 2836.1, 3502.1, or 3460.5, by a certified nurse-midwife, nurse practitioner, physician assistant, <u>pharmacist</u>, or naturopathic doctor licensed in this state~~, or pursuant to Section 4052.1, 4052.2, or 4052.6 by a pharmacist~~ licensed in this state.

(b) Notwithstanding subdivision (a), a written order of the prescriber for a dangerous drug, except for any Schedule II controlled substance, that contains at least the name and signature of the prescriber, the name and address of the patient in a manner consistent with paragraph (2) of subdivision (a) of Section 11164 of the Health and Safety Code, the name and quantity of the drug prescribed, directions for use, and the date of issue may be treated as a prescription by the dispensing pharmacist as long as any additional information required by subdivision (a) is readily retrievable in the pharmacy. In the event of a conflict between this subdivision and Section 11164 of the Health and Safety Code, Section 11164 of the Health and Safety Code shall prevail.

(c) "Electronic transmission prescription" includes both image and data prescriptions. "Electronic image transmission prescription" means any prescription order for which a facsimile of the order is received by a pharmacy from a licensed prescriber. "Electronic data transmission prescription" means any prescription order, other than an electronic

image transmission prescription, that is electronically transmitted from a licensed prescriber to a pharmacy.

(d) The use of commonly used abbreviations shall not invalidate an otherwise valid prescription.

~~**4052.01.**~~

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~~(a) Notwithstanding any other provision of law, a pharmacist may furnish naloxone hydrochloride in accordance with standardized procedures or protocols developed and approved by both the board and the Medical Board of California, in consultation with the California Society of Addiction Medicine, the California Pharmacists Association, and other appropriate entities. In developing those standardized procedures or protocols, the board and the Medical Board of California shall include the following:~~

~~(1) Procedures to ensure education of the person to whom the drug is furnished, including, but not limited to, opioid overdose prevention, recognition, and response, safe administration of naloxone hydrochloride, potential side effects or adverse events, and the imperative to seek emergency medical care for the patient.~~

~~(2) Procedures to ensure the education of the person to whom the drug is furnished regarding the availability of drug treatment programs.~~

~~(3) Procedures for the notification of the patient's primary care provider with patient consent of any drugs or devices furnished to the patient, or entry of appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider, and with patient consent.~~

~~(b) A pharmacist furnishing naloxone hydrochloride pursuant to this section shall not permit the person to whom the drug is furnished to waive the consultation required by the board and the Medical Board of California.~~
~~(c) Prior to performing a procedure authorized under this section, a pharmacist shall complete a training program on the use of opioid antagonists that consists of at least one hour of approved continuing education on the use of naloxone hydrochloride.~~
~~(d) The board and the Medical Board of California are each authorized to ensure compliance with this section. Each board is specifically charged with enforcing this section with respect to its respective licensees. This section does not expand the authority of a pharmacist to prescribe any prescription medication.~~
~~(e) The board may adopt emergency regulations to establish the standardized procedures or protocols. The adoption of regulations pursuant to this subdivision shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The emergency regulations authorized by this subdivision are exempt from review by the Office of Administrative Law. The emergency regulations authorized by this subdivision shall be submitted to the Office of Administrative Law for filing with the Secretary of State and shall remain in effect until~~

the earlier of 180 days following their effective date or the effective date of regulations adopted pursuant to subdivision (a).
(Added by Stats. 2014, Ch. 326, Sec. 1. (AB 1535) Effective January 1, 2015.)

4052.02.

(a) Notwithstanding any other law, a pharmacist may initiate and furnish HIV preexposure prophylaxis in accordance with this section.
(b) For purposes of this section, "preexposure prophylaxis" means a fixed-dose combination of tenofovir disoproxil fumarate (TDF) (300 mg) with emtricitabine (FTC) (200 mg), or another drug or drug combination determined by the board to meet the same clinical eligibility recommendations provided in CDC guidelines.
(c) For purposes of this section, "CDC guidelines" means the "2017 Preexposure Prophylaxis for the Prevention of HIV Infection in the United States–2017 Update: A Clinical Practice Guideline," or any subsequent guidelines, published by the federal Centers for Disease Control and Prevention.
(d) Before furnishing preexposure prophylaxis to a patient, a pharmacist shall complete a training program approved by the board, in consultation with the Medical Board of California, on the use of preexposure prophylaxis and postexposure prophylaxis. The training shall include information about financial assistance programs for preexposure prophylaxis and postexposure prophylaxis, including the HIV prevention program described in Section 120972 of the Health and Safety Code. The board shall consult with the Medical Board of California as well as relevant stakeholders, including, but not limited to, the Office of AIDS, within the State Department of Public Health, on training programs that are appropriate to meet the requirements of this subdivision.
(e) A pharmacist shall furnish at least a 30-day supply, and up to a 60-day supply, of preexposure prophylaxis if all of the following conditions are met:

(1) The patient is HIV negative, as documented by a negative HIV test result obtained within the previous seven days from an HIV antigen/antibody test or antibody-only test or from a rapid, point-of-care fingerstick blood test approved by the federal Food and Drug Administration. If the patient does not provide evidence of a negative HIV test in accordance with this paragraph, the pharmacist shall order an HIV test. If the test results are not transmitted directly to the pharmacist, the pharmacist shall verify the test results to the pharmacist's satisfaction. If the patient tests positive for HIV infection, the pharmacist or person administering the test shall direct the patient to a primary care provider and provide a list of providers and clinics in the region.

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

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

(4) The pharmacist provides counseling to the patient on the ongoing use of preexposure prophylaxis, which may include education about side effects, safety during pregnancy and breastfeeding, adherence to recommended dosing, and the

importance of timely testing and treatment, as applicable, for HIV, renal function, hepatitis B, hepatitis C, sexually transmitted diseases, and pregnancy for individuals of childbearing capacity. The pharmacist shall notify the patient that the patient must be seen by a primary care provider to receive subsequent prescriptions for preexposure prophylaxis and that a pharmacist may not furnish a 60-day supply of preexposure prophylaxis to a single patient more than once every two years.

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

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

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

(f) A pharmacist initiating or furnishing preexposure prophylaxis shall not permit the person to whom the drug is furnished to waive the consultation required by the board.
(g) The board, by July 1, 2020, shall adopt emergency regulations to implement this section in accordance with CDC guidelines. The adoption of regulations pursuant to this subdivision shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The board shall consult with the Medical Board of California in developing regulations pursuant to this subdivision.
(Amended by Stats. 2020, Ch. 370, Sec. 5. (SB 1371) Effective January 1, 2021.)

4052.03.

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(a) Notwithstanding any other law, a pharmacist may initiate and furnish HIV postexposure prophylaxis in accordance with this section.
(b) For purposes of this section, "postexposure prophylaxis" means any of the following:
(1) Tenofovir disoproxil fumarate (TDF) (300 mg) with emtricitabine (FTC) (200 mg), taken once daily, in combination with either raltegravir (400 mg), taken twice daily, or dolutegravir (50 mg), taken once daily.

(2) Tenofovir disoproxil fumarate (TDF) (300 mg) and emtricitabine (FTC) (200 mg), taken once daily, in combination with darunavir (800 mg) and ritonavir (100 mg), taken once daily.

(3) Another drug or drug combination determined by the board to meet the same clinical eligibility recommendations provided in CDC guidelines.

(c) For purposes of this section, "CDC guidelines" means the "Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV–United States, 2016," or any subsequent guidelines, published by the federal Centers for Disease Control and Prevention.
(d) Before furnishing postexposure prophylaxis to a patient, a pharmacist shall complete a training program approved by the board, in consultation with the Medical Board of California, on the use of preexposure prophylaxis and postexposure prophylaxis. The training shall include information about financial assistance programs for preexposure prophylaxis and postexposure prophylaxis, including the HIV prevention program described in Section 120972 of the Health and Safety Code. The board shall consult with the Medical Board of California as well as relevant stakeholders, including, but not limited to, the Office of AIDS, within the State Department of Public Health, on training programs that are appropriate to meet the requirements of this subdivision.
(e) A pharmacist shall furnish a complete course of postexposure prophylaxis if all of the following conditions are met:

(1) The pharmacist screens the patient and determines the exposure occurred within the previous 72 hours and the patient otherwise meets the clinical criteria for postexposure prophylaxis consistent with CDC guidelines.

(2) The pharmacist provides HIV testing that is classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a) or determines the patient is willing to undergo HIV testing consistent with CDC guidelines. If the patient refuses to undergo HIV testing but is otherwise eligible for postexposure prophylaxis under this section, the pharmacist may furnish postexposure prophylaxis.

(3) The pharmacist provides counseling to the patient on the use of postexposure prophylaxis consistent with CDC guidelines, which may include education about side effects, safety during pregnancy and breastfeeding, adherence to recommended dosing, and the importance of timely testing and treatment, as applicable, for HIV and sexually transmitted diseases. The pharmacist shall also inform the patient of the availability of preexposure prophylaxis for persons who are at substantial risk of acquiring HIV.

(4) The pharmacist notifies the patient's primary care provider of the postexposure prophylaxis treatment. If the patient does not have a primary care provider, or refuses consent to notify the patient's primary care provider, the pharmacist shall provide the patient a list of physicians and surgeons, clinics, or other health care service providers to contact regarding followup care for postexposure prophylaxis.

(f) A pharmacist initiating or furnishing postexposure prophylaxis shall not permit the person to whom the drug is furnished to waive the consultation required by the board.
(g) The board, by July 1, 2020, shall adopt emergency regulations to implement this section in accordance with CDC guidelines. The adoption of regulations pursuant to this subdivision shall be deemed to be an emergency and necessary for the immediate

preservation of the public peace, health, safety, or general welfare. The board shall consult with the Medical Board of California in developing regulations pursuant to this subdivision.
(Added by Stats. 2019, Ch. 532, Sec. 3. (SB 159) Effective January 1, 2020.)

4052.1.

(a) Notwithstanding any other provision of law, a pharmacist may perform the following procedures or functions in a licensed health care facility in accordance with policies, procedures, or protocols developed by health professionals, including physicians, pharmacists, and registered nurses, with the concurrence of the facility administrator:

(1) Ordering or performing routine drug therapy-related patient assessment procedures including temperature, pulse, and respiration.

(2) Ordering drug therapy-related laboratory tests.

(3) Administering drugs and biologicals by injection pursuant to a prescriber's order.

(4) Initiating or adjusting the drug regimen of a patient pursuant to an order or authorization made by the patient's prescriber and in accordance with the policies, procedures, or protocols of the licensed health care facility.

(b) Prior to performing any procedure authorized by this section, a pharmacist shall have received appropriate training as prescribed in the policies and procedures of the licensed health care facility.
(Added by Stats. 2006, Ch. 777, Sec. 5. Effective January 1, 2007.)

4052.2.

(a) Notwithstanding any other law, a pharmacist may perform the following procedures or functions as part of the care provided by a health care facility, a licensed home health agency, licensed correctional clinic, a licensed clinic in which there is physician oversight, a provider who contracts with a licensed health care service plan with regard to the care or services provided to the enrollees of that health care service plan, or a physician, in accordance with the policies, procedures, or protocols of that facility, home health agency, licensed correctional clinic, licensed clinic, health care service plan, or physician, and in accordance with subdivision (c):

(1) Ordering or performing routine drug therapy-related patient assessment procedures including temperature, pulse, and respiration.

(2) Ordering drug therapy-related laboratory tests.

(3) Administering drugs and biologicals by injection pursuant to a prescriber's order.

(4) Initiating or adjusting the drug regimen of a patient pursuant to a specific written order or authorization made by the individual patient's treating prescriber, and in accordance with the policies, procedures, or protocols of the health care facility, home health agency, licensed correctional clinic, licensed clinic, health care service plan, or physician. Adjusting the drug regimen does not include substituting or selecting a different drug, except as authorized by the protocol. The pharmacist shall provide written notification to the patient's treating prescriber, or enter the appropriate information in an electronic patient record system shared by the prescriber, of any drug regimen initiated pursuant to this paragraph within 24 hours.

(b) A patient's treating prescriber may prohibit, by written instruction, any adjustment or change in the patient's drug regimen by the pharmacist.
(c) The policies, procedures, or protocols referred to in this subdivision shall be developed by health care professionals, including physicians, pharmacists, and registered nurses, and shall, at a minimum, do all of the following:
(1) Require that the pharmacist function as part of a multidisciplinary group that includes physicians and direct care registered nurses. The multidisciplinary group shall determine the appropriate participation of the pharmacist and the direct care registered nurse.

(2) Require that the medical records of the patient be available to both the patient's treating prescriber and the pharmacist.

(3) Require that the procedures to be performed by the pharmacist relate to a condition for which the patient has first been seen by a physician.

(4) Except for procedures or functions provided by a health care facility, a licensed correctional clinic, as defined in Section 4187, a licensed clinic in which there is physician oversight, or a provider who contracts with a licensed health care plan with regard to the care or services provided to the enrollees of that health care service plan, require the procedures to be performed in accordance with a written, patient-specific protocol approved by the treating or supervising physician. Any change, adjustment, or modification of an approved preexisting treatment or drug therapy shall be provided in writing to the treating or supervising physician within 24 hours.

(d) Prior to performing any procedure authorized by this section, a pharmacist shall have done either of the following:
(1) Successfully completed clinical residency training.

(2) Demonstrated clinical experience in direct patient care delivery.

(Amended by Stats. 2019, Ch. 497, Sec. 5. (AB 991) Effective January 1, 2020.)

4052.3.

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(a) (1) Notwithstanding any other law, a pharmacist may furnish self-administered hormonal contraceptives in accordance with standardized procedures or protocols

~~developed and approved by both the board and the Medical Board of California in consultation with the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other appropriate entities. The standardized procedure or protocol shall require that the patient use a self-screening tool that will identify patient risk factors for use of self-administered hormonal contraceptives, based on the current United States Medical Eligibility Criteria (USMEC) for Contraceptive Use developed by the federal Centers for Disease Control and Prevention, and that the pharmacist refer the patient to the patient's primary care provider or, if the patient does not have a primary care provider, to nearby clinics, upon furnishing a self-administered hormonal contraceptive pursuant to this subdivision, or if it is determined that use of a self-administered hormonal contraceptive is not recommended.~~

~~(2) The board and the Medical Board of California are both authorized to ensure compliance with this subdivision, and each board is specifically charged with the enforcement of this subdivision with respect to its respective licensees. This subdivision does not expand the authority of a pharmacist to prescribe any prescription medication.~~

~~(b) (1) Notwithstanding any other law, a pharmacist may furnish emergency contraception drug therapy in accordance with either of the following:~~

~~(A) Standardized procedures or protocols developed by the pharmacist and an authorized prescriber who is acting within his or her scope of practice.~~

~~(B) Standardized procedures or protocols developed and approved by both the board and the Medical Board of California in consultation with the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other appropriate entities. The board and the Medical Board of California are both authorized to ensure compliance with this clause, and each board is specifically charged with the enforcement of this provision with respect to its respective licensees. This subdivision does not expand the authority of a pharmacist to prescribe any prescription medication.~~

~~(2) Prior to performing a procedure authorized under this subdivision, a pharmacist shall complete a training program on emergency contraception that consists of at least one hour of approved continuing education on emergency contraception drug therapy.~~

~~(3) A pharmacist, pharmacist's employer, or pharmacist's agent shall not directly charge a patient a separate consultation fee for emergency contraception drug therapy services initiated pursuant to this subdivision, but may charge an administrative fee not to exceed ten dollars ($10) above the retail cost of the drug. Upon an oral, telephonic, electronic, or written request from a patient or customer, a pharmacist or pharmacist's employee shall disclose the total retail price that a consumer would pay for emergency contraception drug therapy. As used in this paragraph, total retail price includes providing the consumer with specific information regarding the price of the emergency contraception drugs and the price of the administrative fee charged. This limitation is not intended to interfere with other contractually agreed-upon terms between a pharmacist, a pharmacist's employer, or a pharmacist's agent, and a health care service plan or insurer. Patients who are~~

insured or covered and receive a pharmacy benefit that covers the cost of emergency contraception shall not be required to pay an administrative fee. These patients shall be required to pay copayments pursuant to the terms and conditions of their coverage. This paragraph shall become inoperative for dedicated emergency contraception drugs if these drugs are reclassified as over-the-counter products by the federal Food and Drug Administration.

(4) A pharmacist shall not require a patient to provide individually identifiable medical information that is not specified in Section 1707.1 of Title 16 of the California Code of Regulations before initiating emergency contraception drug therapy pursuant to this subdivision.

(c) For each emergency contraception drug therapy or self-administered hormonal contraception initiated pursuant to this section, the pharmacist shall provide the recipient of the drug with a standardized factsheet that includes, but is not limited to, the indications and contraindications for use of the drug, the appropriate method for using the drug, the need for medical followup, and other appropriate information. The board shall develop this form in consultation with the State Department of Public Health, the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other health care organizations. This section does not preclude the use of existing publications developed by nationally recognized medical organizations.
(Amended by Stats. 2013, Ch. 469, Sec. 7. (SB 493) Effective January 1, 2014.)

4052.4.

(a) Notwithstanding Section 2038 or any other provision of law, a pharmacist may perform skin puncture in the course of performing routine patient assessment procedures or in the course of performing any procedure authorized under Section 1206.5 or 1206.6. For purposes of this section, "routine patient assessment procedures" means: (a) procedures that a patient could, with or without a prescription, perform for themselves, or (b) clinical laboratory tests that are classified as waived pursuant to the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a) and the regulations adopted thereunder by the federal Health Care Financing Administration, as authorized by paragraph (11) of subdivision (a) of Section 1206.5 or Section 1206.6. A pharmacist performing these functions shall report the results obtained from a test to the patient and any physician designated by the patient. Any pharmacist who performs the service authorized by this section shall not be in violation of Section 2052.
(b) A pharmacist may perform any aspect of any FDA-approved or -authorized test that is classified as waived pursuant to the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a) and the regulations adopted thereunder by the federal Health Care Financing Administration, under all of the following conditions:
(1) The test meets the criteria in subparagraph (A) or (B) and does not require the use of specimens collected by vaginal swab, venipuncture, or the collection of seminal fluid.

(A) The test is used to detect or screen for any of the following illnesses, conditions, or diseases:

(i) SARS-CoV-2 or other respiratory illness, condition or disease.

(ii) Mononucleosis.

(iii) Sexually transmitted infection.

(iv) Strep throat.

(v) Anemia.

(vi) Cardiovasular health.

(vii) Conjunctivitis.

(viii) Urinary tract infection.

(ix) Liver and kidney function or infection.

(x) Thyroid function.

(xi) Substance use disorder.

(xii) Diabetes.

(B) Other tests classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a) and the regulations adopted thereunder by the federal Health Care Financing Administration and approved by the board by regulation, in conjunction with the Medical Board of California and Laboratory Field Services in the State Department of Public Health.

(2) The pharmacist completes the testing in a pharmacy laboratory that is appropriately licensed in California as a laboratory pursuant to Section 1265, unless otherwise authorized in law.

(3) The pharmacist has completed necessary training as specified in the pharmacy's policies and procedures maintained pursuant to subdivision (b) of Section 4119.10, and that allows the pharmacist to demonstrate sufficient knowledge of the illness, condition, or disease being tested, as applicable.

(Amended by Stats. 2021, Ch. 604, Sec. 3. (SB 409) Effective January 1, 2022.)

4052.5.

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(a) In addition to the authority allowed under Section 4073, a pharmacist filling a prescription order for a drug product may select a different form of medication with the

same active chemical ingredients of equivalent strength and duration of therapy as the prescribed drug product when the change will improve the ability of the patient to comply with the prescribed drug therapy.
(b) In no case shall a selection be made pursuant to this section if the prescriber personally indicates, either orally or in his or her own handwriting, "Do not substitute" or words of similar meaning. Nothing in this subdivision shall prohibit a prescriber from checking a box on a prescription marked "Do not substitute" if the prescriber personally initials the box or checkmark.
(c) Selection pursuant to this section is within the discretion of the pharmacist, except as provided in subdivision (b). The pharmacist who selects the drug product to be dispensed pursuant to this section shall assume the same responsibility for selecting the dispensed drug product as would be incurred in filling a prescription for a drug product using the prescribed form of medication. There shall be no liability on the prescriber for an act or omission by a pharmacist in selecting, preparing, or dispensing a drug product pursuant to this section.
(d) This section shall apply to all prescriptions, including those presented by or on behalf of persons receiving assistance from the federal government or pursuant to the California Medical Assistance Program set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code.
(e) When a substitution is made pursuant to this section, the use of the different form of medication shall be communicated to the patient, and the name of the dispensed drug product shall be indicated on the prescription label, unless the prescriber orders otherwise.
(f) This section shall not permit substitution between long-acting and short-acting forms of a medication with the same chemical ingredients or between one drug product and two or more drug products with the same chemical ingredients.
(Added by Stats. 2001, Ch. 631, Sec. 1. Effective January 1, 2002.)

4052.7.

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(a) A pharmacy may, at a patient's request, repackage a drug previously dispensed to the patient or to the patient's agent pursuant to a prescription.
(b) Any pharmacy providing repackaging services shall have in place policies and procedures for repackaging these drugs and shall label the repackaged prescription container with the following:

(1) All the information required by Section 4076.

(2) The name and address of the pharmacy repackaging the drug and the name and address of the pharmacy that initially dispensed the drug to the patient.

(c) The repackaging pharmacy and the pharmacy that initially dispensed the drug shall only be liable for its own actions in providing the drug to the patient or the patient's agent.
(Added by Stats. 2001, Ch. 728, Sec. 27. Effective January 1, 2002.)

4052.8.

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(a) In addition to the authority provided in paragraph (11) of subdivision (a) of Section 4052, a pharmacist may independently initiate and administer any vaccine that has been approved or authorized by the federal Food and Drug Administration and received a federal Advisory Committee on Immunization Practices individual vaccine recommendation published by the federal Centers for Disease Control and Prevention (CDC) for persons three years of age and older.

(b) In order to initiate and administer an immunization described in subdivision (a), a pharmacist shall do all of the following:

(1) Complete an immunization training program endorsed by the CDC or the Accreditation Council for Pharmacy Education that, at a minimum, includes hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines, and shall maintain that training.

(2) Be certified in basic life support.

(3) Comply with all state and federal recordkeeping and reporting requirements, including providing documentation to the patient's primary care provider and entering information in the appropriate immunization registry designated by the immunization branch of the State Department of Public Health.

(c) A pharmacist administering immunizations pursuant to this section, or paragraph (11) of subdivision (a) of Section 4052, may also initiate and administer epinephrine or diphenhydramine by injection for the treatment of a severe allergic reaction.

(Amended by Stats. 2021, Ch. 655, Sec. 1. (AB 1064) Effective January 1, 2022.)

4052.9.

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(a) A pharmacist may furnish nicotine replacement products approved by the federal Food and Drug Administration for use by prescription only in accordance with standardized procedures and protocols developed and approved by both the board and the Medical Board of California in consultation with other appropriate entities and provide smoking cessation services if all of the following conditions are met:

(1) The pharmacist maintains records of all prescription drugs and devices furnished for a period of at least three years for purposes of notifying other health care providers and monitoring the patient.

(2) The pharmacist notifies the patient's primary care provider of any drugs or devices furnished to the patient, or enters the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist provides the patient with a written record of the drugs or devices furnished and advises the patient to consult a physician of the patient's choice.

~~(3) The pharmacist is certified in smoking cessation therapy by an organization recognized by the board.~~

~~(4) The pharmacist completes one hour of continuing education focused on smoking cessation therapy biennially.~~

~~(b) The board and the Medical Board of California are both authorized to ensure compliance with this section, and each board is specifically charged with the enforcement of this section with respect to their respective licensees. Nothing in this section shall be construed to expand the authority of a pharmacist to prescribe any other prescription medication.~~
~~*(Added by Stats. 2013, Ch. 469, Sec. 10. (SB 493) Effective January 1, 2014.)*~~

Amend BPC 4064 as follows:
(a) A prescription for a dangerous drug or dangerous device may be refilled without the prescriber's authorization if the prescriber is unavailable to authorize the refill and if, in the pharmacist's professional judgment, failure to refill the prescription might interrupt the patient's ongoing care and have a significant adverse effect on the patient's well-being.

(b) The pharmacist shall inform the patient that the prescription was refilled pursuant to this section.

(c) The pharmacist shall inform the prescriber within a reasonable period of time of any refills dispensed pursuant to this section.

~~(d) Prior to refilling a prescription pursuant to this section, the pharmacist shall make every reasonable effort to contact the prescriber. The pharmacist shall make an appropriate record, including the basis for proceeding under this section.~~

(e) The prescriber shall not incur any liability as the result of a refilling of a prescription pursuant to this section.

(f) Notwithstanding Section 4060 or any other law, a person may possess a dangerous drug or dangerous device furnished without prescription pursuant to this section.

~~(g) During a proclaimed state of emergency, nothing in either this section or any other provision of this chapter prohibits a pharmacist, a clinic licensed under Section 4180, or a mobile pharmacy or clinic described in subdivision (c) of Section 4062 from refilling a prescription if the prescriber is unavailable, or if after a reasonable effort has been made, the pharmacist, clinic, or mobile pharmacy is unable to contact the prescriber.~~

Amend BPC 4064.5 as follows:
(a) A pharmacist may dispense not more than a 90-day supply of a dangerous drug other than a controlled substance pursuant to a valid prescription that specifies an initial quantity of less than a 90-day supply followed by periodic refills of that amount if all of the following requirements are satisfied:

(1) The patient has completed an initial 30-day supply of the dangerous drug.

(2) The total quantity of dosage units dispensed does not exceed the total quantity of dosage units authorized by the prescriber on the prescription, including refills.

(3) The prescriber has not specified on the prescription that dispensing the prescription in an initial amount followed by periodic refills is medically necessary.

(4) The pharmacist is exercising his or her professional judgment.

(b) For purposes of this section, if the prescription continues the same medication as previously dispensed in a 90-day supply, the initial 30-day supply under paragraph (1) of subdivision (a) is not required.

(c) A pharmacist dispensing an increased supply of a dangerous drug pursuant to this section shall notify the prescriber of the increase in the quantity of dosage units dispensed.

~~(d) In no case shall a pharmacist dispense a greater supply of a dangerous drug pursuant to this section if the prescriber personally indicates, either orally or in his or her own handwriting, "No change to quantity," or words of similar meaning. Nothing in this subdivision shall prohibit a prescriber from checking a box on a prescription marked "No change to quantity," provided that the prescriber personally initials the box or checkmark. To indicate that an increased supply shall not be dispensed pursuant to this section for an electronic data transmission prescription as defined in subdivision (c) of Section 4040, a prescriber may indicate "No change to quantity," or words of similar meaning, in the prescription as transmitted by electronic data, or may check a box marked on the prescription "No change to quantity." In either instance, it shall not be required that the prohibition on an increased supply be manually initialed by the prescriber.~~

(e) This section shall not apply to psychotropic medication or psychotropic drugs as described in subdivision (d) of Section 369.5 of the Welfare and Institutions Code.

(f) Except for the provisions of subdivision (d), this section does not apply to FDA-approved, self-administered hormonal contraceptives.

(1) A pharmacist shall <u>furnish</u> or dispense, at a patient's request, up to a 12-month supply of an FDA-approved, self-administered hormonal contraceptive pursuant to a valid prescription that specifies an initial quantity followed by periodic refills.

~~(2) A pharmacist furnishing an FDA-approved, self-administered hormonal contraceptive pursuant to Section 4052.3 under protocols developed by the Board of Pharmacy may furnish, at the patient's request, up to a 12-month supply at one time.~~

(3) Nothing in this subdivision shall be construed to require a pharmacist to dispense or furnish a drug if it would result in a violation of Section 733.

(g) Nothing in this section shall be construed to require a health care service plan, health insurer, workers' compensation insurance plan, pharmacy benefits manager, or any other person or entity, including, but not limited to, a state program or state employer, to provide coverage for a dangerous drug in a manner inconsistent with a beneficiary's plan benefit.

4073.

(a) A pharmacist filling a prescription order for a drug product prescribed by its trade or brand name may select another drug product with the same active chemical ingredients of the same strength, quantity, and dosage form, and of the same generic drug name as determined by the United States Adopted Names (USAN) and accepted by the federal Food and Drug Administration (FDA), of those drug products having the same active chemical ingredients.

(b) In no case shall a selection be made pursuant to this section if the prescriber personally indicates, either orally or in his or her own handwriting, "Do not substitute," or words of similar meaning. Nothing in this subdivision shall prohibit a prescriber from checking a box on a prescription marked "Do not substitute"; provided that the prescriber personally initials the box or checkmark. To indicate that a selection shall not be made pursuant to this section for an electronic data transmission prescription as defined in subdivision (c) of Section 4040, a prescriber may indicate "Do not substitute," or words of similar meaning, in the prescription as transmitted by electronic data, or may check a box marked on the prescription "Do not substitute." In either instance, it shall not be required that the prohibition on substitution be manually initialed by the prescriber.

(c) Selection pursuant to this section is within the discretion of the pharmacist, except as provided in subdivision (b). The person who selects the drug product to be dispensed pursuant to this section shall assume the same responsibility for selecting the dispensed drug product as would be incurred in filling a prescription for a drug product prescribed by generic name. There shall be no liability on the prescriber for an act or omission by a pharmacist in selecting, preparing, or dispensing a drug product pursuant to this section. In no case shall the pharmacist select a drug product pursuant to this section unless the drug product selected costs the patient less than the prescribed drug product. Cost, as used in this subdivision, is defined to include any professional fee that may be charged by the pharmacist.

(d) This section shall apply to all prescriptions, including those presented by or on behalf of persons receiving assistance from the federal government or pursuant to the California Medical Assistance Program set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code.

(e) When a substitution is made pursuant to this section, the use of the cost-saving drug product dispensed shall be communicated to the patient and the name of the dispensed drug product shall be indicated on the prescription label, except where the prescriber orders otherwise.

4073.5.

(a) A pharmacist filling a prescription order for a prescribed biological product may select an alternative biological product only if all of the following:

(1) The alternative biological product is interchangeable.

(2) The prescriber does not personally indicate "Do not substitute," or words of similar meaning, in the manner provided in subdivision (d).

~~(b) Within five days following the dispensing of a biological product, a dispensing pharmacist or the pharmacists' designee shall make an entry of the specific biological product provided to the patient, including the name of the biological product and the manufacturer. The communication shall be conveyed by making an entry that can be electronically accessed by the prescriber through one or more of the following electronic records systems:~~

~~(1) An interoperable electronic medical records system.~~

~~(2) An electronic prescribing technology.~~

~~(3) A pharmacy benefit management system.~~

~~(4) A pharmacy record.~~

~~(c) Entry into an electronic records system as described in subdivision (b) is presumed to provide notice to the prescriber.~~

~~(d) If the pharmacy does not have access to one or more of the entry systems in subdivision (b), the pharmacist or the pharmacist's designee shall communicate the name of the biological product dispensed to the prescriber using facsimile, telephone, electronic transmission, or other prevailing means, except that communication shall not be required in this instance to the prescriber when either of the following apply:~~

~~(1) There is no interchangeable biological product approved by the federal Food and Drug Administration for the product prescribed.~~

~~(2) A refill prescription is not changed from the product dispensed on the prior filling of the prescription.~~

~~(e) In no case shall a selection be made pursuant to this section if the prescriber personally indicates, either orally or in his or her own handwriting, "Do not substitute," or words of similar meaning.~~

~~(1) This subdivision shall not prohibit a prescriber from checking a box on a prescription marked "Do not substitute," provided that the prescriber personally initials the box or checkmark.~~

~~(2) To indicate that a selection shall not be made pursuant to this section for an electronic data transmission prescription, as defined in subdivision (c) of Section 4040, a prescriber may indicate "Do not substitute," or words of similar meaning, in the prescription as transmitted by electronic data, or may check a box marked on the prescription "Do not substitute." In either instance, it shall not be required that the prohibition on substitution be manually initialed by the prescriber.~~

~~(f) Selection pursuant to this section is within the discretion of the pharmacist, except as provided in subdivision (e). A pharmacist who selects an alternative biological product to be dispensed pursuant to this section shall assume the same responsibility for substituting the biological product as would be incurred in filling a prescription for a biological product prescribed by name. There shall be no liability on the prescriber for an act or omission by a pharmacist in selecting, preparing, or dispensing a biological~~

product pursuant to this section. In no case shall the pharmacist select a biological product that meets the requirements of subdivision (a) unless the cost to the patient of the biological product selected is the same or less than the cost of the prescribed biological product. Cost, as used in this subdivision, includes any professional fee that may be charged by the pharmacist.

(g) This section shall apply to all prescriptions, including those presented by or on behalf of persons receiving assistance from the federal government or pursuant to the Medi-Cal Act set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code.

(h) When a selection is made pursuant to this section, the substitution of a biological product shall be communicated to the patient.

(i) The board shall maintain on its public Internet Web site a link to the current list, if available, of biological products determined by the federal Food and Drug Administration to be interchangeable.

(j) For purposes of this section, the following terms shall have the following meanings:

(1) "Biological product" has the same meaning that applies to that term under Section 351 of the federal Public Health Service Act (42 U.S.C. Sec. 262(i)).

(2) "Interchangeable" means a biological product that the federal Food and Drug Administration has determined meets the standards set forth in Section 262(k)(4) of Title 42 of the United States Code, or has been deemed therapeutically equivalent by the federal Food and Drug Administration as set forth in the latest addition or supplement of the Approved Drug Products with Therapeutic Equivalence Evaluations.

(3) "Prescription," with respect to a biological product, means a prescription for a product that is subject to Section 503(b) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 353(b)).

(k) This section shall not prohibit the administration of immunizations, as permitted in Sections 4052 and 4052.8.

(l) This section shall not prohibit a disability insurer or health care service plan from requiring prior authorization or imposing other appropriate utilization controls in approving coverage for any biological product.

Attachment 8

CALIFORNIA STATE BOARD OF PHARMACY
QUARTERLY LICENSING STATISTICS FISCAL YEAR 2023/2024

APPLICATIONS RECEIVED

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	100	85	92	0	277
Designated Representatives Vet (EXV)	0	4	3	0	7
Designated Representatives-3PL (DRL)	33	31	44	0	108
Designated Representatives-Reverse Distributor (DRR)	1	0	3	0	4
Designated Paramedic (DPM)	0	0	1	0	1
Intern Pharmacist (INT)	858	132	80	0	1,070
Pharmacist Exam Applications	231	167	178	0	576
Pharmacist Retake Exam Applications	415	415	350	0	1,180
Pharmacist Initial License Application (RPH)	659	480	172	0	1,311
Advanced Practice Pharmacist (APH)	40	29	43	0	112
Pharmacy Technician (TCH)	1,206	1,087	1,312	0	3,605
Total	**3,543**	**2,430**	**2,278**	**0**	**8,251**

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	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)	1	3	1	0	5
Total	**1**	**3**	**1**	**0**	**5**

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	72	45	79	0	196
Automated Drug Delivery System (ADD(APD))	1	0	2	0	3
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)	32	33	35	0	100
Clinics Government Owned (CLE)	23	15	11	0	49
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	2	5	4	0	11
Hospitals Government Owned (HPE)	0	1	7	0	8
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	1	15	0	17
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	2	0	2
Outsourcing Facility Nonresident (NSF)	2	2	1	0	5
Pharmacy (PHY)	96	74	98	0	268
Pharmacy (PHY) Chain	5	5	3	0	13
Pharmacy Government Owned (PHE)	1	3	1	0	5
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	25	36	35	0	96
Sterile Compounding (LSC)	10	8	11	0	29
Sterile Compounding Government Owned (LSE)	1	1	8	0	10
Sterile Compounding Nonresident (NSC)	2	4	6	0	12
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	3	3	1	0	7
Third-Party Logistics Providers Nonresident (NPL)	8	5	7	0	20
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	22	13	14	0	49
Wholesalers Government Owned (WLE)	1	0	0	0	1
Wholesalers Nonresident (OSD)	26	20	25	0	71
Total	**333**	**274**	**365**	**0**	**972**
*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
Drug Room Government Owned-Temp (DRE)	0	0	0	0	0
Hospital - Temp (HSP)	2	4	4	0	10
Hospital Government Owned - Temp (HPE)	1	1	6	0	8
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)	0	0	2	0	2
Outsourcing Facility Nonresident - Temp (NSF)	0	0	1	0	1
Pharmacy - Temp (PHY)	82	51	74	0	207
Pharmacy Government Owned - Temp (PHE)	2	0	0	0	2
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	15	23	34	0	72
Sterile Compounding - Temp (LSC)	7	6	9	0	22
Sterile Compounding Government Owned - Temp (LSE)	1	1	6	0	8
Sterile Compounding Nonresident - Temp (NSC)	1	2	5	0	8
Third-Party Logistics Providers - Temp (TPL)	1	4	0	0	5
Third-Party Logistics Providers Nonresident - Temp (NPL)	2	2	4	0	8
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesaler - Temp (WLS)	8	9	4	0	21
Wholesaler Government Owned - Temp (WLE)	0	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	7	7	12	0	26
Total	**129**	**110**	**161**	**0**	**400**

LICENSES ISSUED

Individual Licenses Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	57	78	155	0	290
Designated Representatives Vet (EXV)	0	7	3	0	10
Designated Representatives-3PL (DRL)	16	43	56	0	115
Designated Representatives-Reverse Distributor (DRR)	2	1	0	0	3
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	458	503	117	0	1,078
Pharmacist (RPH)	665	465	187	0	1,317
Advanced Practice Pharmacist (APH)	19	31	32	0	82
Pharmacy Technician (TCH)	1,228	1,546	1,623	0	4,397
Total	**2,445**	**2,674**	**2,173**	**0**	**7,292**

Temporary Individual Licenses (Military Spouses/Partners) Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	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	1	2	0	3
Total	**0**	**1**	**2**	**0**	**3**

Site Licenses Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	93	94	50	0	237
Automated Drug Delivery System (ADD(APD))	0	1	1	0	2
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)	7	33	9	0	49
Clinics Government Owned (CLE)	23	15	20	0	58
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	2	0	2
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	0	2	0	3
Pharmacy (PHY)	16	23	25	0	64
Pharmacy Government Owned (PHE)	3	0	2	0	5
Remote Dispensing Pharmacy (PHR)	0	1	0	0	1
Pharmacy Nonresident (NRP)	4	2	1	0	7
Sterile Compounding (LSC)	1	5	4	0	10
Sterile Compounding Government Owned (LSE)	1	0	0	0	1
Sterile Compounding Nonresident (NSC)	2	1	1	0	4
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	2	1	0	3
Third-Party Logistics Providers Nonresident (NPL)	8	4	9	0	21
Veterinary Food-Animal Drug Retailer (VET)	0	0	6	0	6
Wholesalers (WLS)	13	8	6	0	27
Wholesalers Government Owned (WLE)	0	0	1	0	1
Wholesalers Nonresident (OSD)	11	10	16	0	37
Total	**183**	**199**	**156**	**0**	**538**

Site Temporary Licenses Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	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)	1	2	3	0	6
Hospital Government Owned - Temp (HPE)	1	1	6	0	8
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)	0	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0	0
Pharmacy - Temp (PHY)	64	77	45	0	186
Pharmacy Government Owned - Temp (PHE)	2	0	0	0	2
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	11	19	22	0	52
Sterile Compounding - Temp (LSC)	2	3	3	0	8
Sterile Compounding Government Owned - Temp (LSE)	0	1	6	0	7
Sterile Compounding Nonresident - Temp (NSC)	0	0	1	0	1
Third-Party Logistics Providers - Temp (TPL)	1	1	0	0	2
Third-Party Logistics Providers Nonresident - Temp (NPL)	3	1	1	0	5
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesaler - Temp (WLS)	6	3	4	0	13
Wholesaler Government Owned - Temp (WLE)	0	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	5	3	6	0	14
Total	**96**	**111**	**97**	**0**	**304**

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

Individual Applications Pending	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Designated Representatives (EXC)	267	273	212	0
Designated Representatives Vet (EXV)	7	4	4	0
Designated Representatives-3PL (DRL)	118	107	95	0
Designated Representatives-Reverse Distributor (DRR)	2	1	4	0
Designated Paramedic (DPM)	0	0	1	0
Intern Pharmacist (INT)	269	102	64	0
Pharmacist (exam not eligible)	1,271	1,399	135	0
Pharmacist (exam eligible)	1,325	854	1,021	0
Advanced Practice Pharmacist (APH)	125	123	134	0
Pharmacy Technician (TCH)	2,463	2,011	1,584	0
Total	**5,847**	**4,874**	**3,254**	**0**

Temporary Individual Applications Pending (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
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)	1	2	1	0
Total	**1**	**2**	**1**	**0**

Site Applications Pending	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD(AUD))	159	97	59	0
Automated Drug Delivery System (ADD(APD))	46	1	2	0
Automated Drug Delivery System EMS (ADE)	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	1	1	1	0
Centralized Hospital Packaging (CHP)	0	0	0	0
Clinics (CLN)	172	168	192	0
Clinics Government Owned (CLE)	27	24	15	0
Drug Room (DRM)	1	1	1	0
Drug Room Government Owned (DRE)	0	0	0	0
Hospitals (HSP)	7	10	11	0
Hospitals Government Owned (HPE)	1	1	2	0
Hospital Satellite Sterile Compounding (SCP)	2	1	1	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0
Hypodermic Needle and Syringes (HYP)	13	14	27	0
Correctional Pharmacy (LCF)	1	1	1	0
Outsourcing Facility (OSF)	1	1	3	0
Outsourcing Facility Nonresident (NSF)	13	15	12	0
Pharmacy (PHY)	262	214	240	0
Pharmacy Government Owned (PHE)	6	10	11	0
Remote Dispensing Pharmacy (PHR)	5	4	4	0
Pharmacy Nonresident (NRP)	181	175	185	0
Sterile Compounding (LSC)	64	58	59	0
Sterile Compounding - Government Owned (LSE)	10	10	12	0
Sterile Compounding Nonresident (NSC)	16	18	20	0
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0
Third-Party Logistics Providers (TPL)	6	6	6	0
Third-Party Logistics Providers Nonresident (NPL)	69	69	66	0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0
Wholesalers (WLS)	70	70	75	0
Wholesalers Government Owned (WLE)	2	2	1	0
Wholesalers Nonresident (OSD)	161	167	167	0
Total	**1,296**	**1,138**	**1,173**	**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
Drug Room Government Owned-Temp (DRE)	0	0	0	0
Hospital - Temp (HSP)	4	3	5	0
Hospital Government Owned - Temp (HPE)	1	2	7	0
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	0	0	0	0
Correctional Pharmacy -Temp (LCF)	0	0	0	0
Outsourcing Facility - Temp (OSF)	1	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0
Pharmacy - Temp (PHY)	102	126	108	0
Pharmacy Government Owned - Temp (PHE)	2	2	1	0
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	21	28	37	0
Sterile Compounding - Temp (LSC)	6	4	6	0
Sterile Compounding Government Owned - Temp (LSE)	0	1	7	0
Sterile Compounding Nonresident - Temp (NSC)	2	0	1	0
Third-Party Logistics Providers - Temp (TPL)	1	1	0	0
Third-Party Logistics Providers Nonresident - Temp (NPL)	3	3	1	0
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0
Wholesaler - Temp (WLS)	6	5	3	0
Wholesaler Government Owned - Temp (WLE)	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	6	5	7	0
Total	**156**	**180**	**183**	**0**

APPLICATIONS WITHDRAWN

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	0	0	1	0	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 applications)	0	0	43	0	43
Advanced Practice Pharmacist (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	2	0	124	0	126
Total	**3**	**0**	**169**	**0**	**172**

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	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-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	27	12	67	0	106
Automated Drug Delivery System (ADD(APD))	0	44	0	0	44
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)	3	4	2	0	9
Clinics Government Owned (CLE)	0	2	0	0	2
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 Ownerd (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)	1	0	0	0	1
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	0	0	2	0	2
Pharmacy (PHY)	5	22	3	0	30
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	12	21	1	0	34
Sterile Compounding (LSC)	2	6	3	0	11
Sterile Compounding - Government Owned (LSE)	2	0	0	0	2
Sterile Compounding Nonresident (NSC)	2	1	2	0	5
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)	4	0	0	0	4
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	2	1	0	0	3
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	1	0	2	0	3
Total	**61**	**114**	**82**	**0**	**257**

APPLICATIONS DENIED

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	1	2	1	0	4
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	1	1	0	2
Pharmacist (exam application)	0	0	2	0	2
Pharmacist (exam eligible)	0	1	1	0	2
Advanced Practice Pharmacist (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	5	9	16	0	30
Total	**6**	**13**	**21**	**0**	**40**

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	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-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)	0	0	0	0	0
Pharmacy (PHY)	1	2	0	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	1	0	0	1
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	**1**	**3**	**0**	**0**	**4**

RESPOND TO STATUS INQUIRIES

Email Inquiries	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative Received	405	424	393	0	1,222
Designated Representative Responded	115	67	276	0	458
Advanced Practice Pharmacist Received	227	189	185	0	601
Advanced Practice Pharmacist Responded	29	73	88	0	190
Pharmacist/Intern Received	2,216	1,501	1,197	0	4,914
Pharmacist/Intern Responded	2,216	1,501	1,197	0	4,914
Pharmacy Technician Received	2,721	1,851	1,524	0	6,096
Pharmacy Technician Responded	1,551	854	786	0	3,191
Pharmacy Received	2,297	2,073	2,832	0	7,202
Pharmacy Responded	1,837	1,269	2,288	0	5,394
Sterile Compounding/Outsourcing Received	647	720	1,019	0	2,386
Sterile Compounding/Outsourcing Responded	342	513	521	0	1,376
Wholesale/Hypodermic/3PL Received	811	468	394	0	1,673
Wholesale/Hypodermic/3PL Responded	549	592	924	0	2,065
Clinic Received	462	494	467	0	1,423
Clinic Responded	525	428	349	0	1,302
Automated Drug Delivery Systems Received	574	258	449	0	1,281
Automated Drug Delivery Systems Responded	440	174	374	0	988
Pharmacist-in-Charge Received	1,063	1,091	1,143	0	3,297
Pharmacist-in-Charge Responded	1,074	1,030	1,078	0	3,182
Change of Permit Received	598	577	768	0	1,943
Change of Permit Responded	502	481	669	0	1,652
Renewals Received	1,719	1,238	1,483	0	4,440
Renewals Responded	1,524	1,064	1,358	0	3,946

Telephone Calls Received	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative	0	20	0	0	20
Advanced Practice Pharmacist	98	70	107	0	275
Pharmacist/Intern	1,787	742	510	0	3,039
Pharmacy	634	535	529	0	1,698
Sterile Compounding/Outsourcing	106	73	62	0	241
Wholesale/Hypodermic/3PL	112	102	80	0	294
Clinic	152	63	55	0	270
Automated Drug Delivery Systems	10	4	8	0	22
Pharmacist-in-Charge	384	164	141	0	689
Change of Permit	90	72	84	0	246
Renewals*	961	408	0	0	1,369
Reception*	21,879	9,471	0	0	31,350

* Q2 & Q3 (Oct-MAR) the total number of phone calls for Renewals and Reception is not reported after 11/15/2023 as the Department is still working on a reporting tool to collect the data as a new phone system was implemented

UPDATE LICENSING RECORDS

Change of Pharmacist-in-Charge	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	476	489	464	0	1,429
Processed	502	450	533	0	1,485
Approved	444	496	544	0	1,484
Pending (Data reflects number of pending at the end of the quarter.)	295	291	182	0	182

Change of Designated Representative-in-Charge	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	36	35	50	0	121
Processed	37	22	63	0	122
Approved	29	22	62	0	113
Pending (Data reflects number of pending at the end of the quarter.)	39	51	39	0	39

Change of Responsible Manager	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	13	8	8	0	29
Processed	10	8	11	0	29
Approved	10	7	15	0	32
Pending (Data reflects number of pending at the end of the quarter.)	12	14	8	0	8

Change of Professional Director	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	9	12	24	0	45
Processed	7	7	28	0	42
Approved	12	12	31	0	55
Pending (Data reflects number of pending at the end of the quarter.)	33	31	24	0	33

Change of Permits	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	645	655	440	0	1,740
Processed	908	977	1,116	0	3,001
Approved	513	1,532	1,354	0	3,399
Pending (Data reflects number of pending at the end of the quarter.)	3,497	2,446	1,518	0	1,974

Discontinuance of Business	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	134	175	141	0	450
Processed	131	161	179	0	471
Approved	95	111	203	0	409
Pending (Data reflects number of pending at the end of the quarter.)	290	355	310	0	347

Intern Pharmacist Extensions	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	29	18	48	0	95
Processed	46	23	48	0	117
Completed	41	23	35	0	99
Pending (Data reflects number of pending at the end of the quarter.)	17	16	29	0	16

Requests Approved	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Address/Name Changes	2,990	2,326	2,479	0	7,795
Off-site Storage	198	14	19	0	231
Transfer of Intern Hours	10	6	12	0	28
License Verification	135	127	144	0	406

DISCONTINUED BUSINESS

discontinued by reported date of closure

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	28	18	22	0	68
Automated Drug Delivery System (ADD(APD))	0	3	0	0	3
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)	3	1	0	0	4
Clinics Government Owned (CLE)	4	10	1	0	15
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)	1	1	0	0	2
Outsourcing Facility (OSF)	0	1	0	0	1
Outsourcing Facility Nonresident (NSF)	1	0	0	0	1
Pharmacy (PHY)	23	18	14	0	55
Pharmacy (PHY) Chain	35	71	55	0	161
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	6	10	5	0	21
Sterile Compounding (LSC)	9	11	3	0	23
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	0	1	0	0	1
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)	2	1	0	0	3
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	6	1	2	0	9
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	6	8	4	0	18
Total	**124**	**155**	**106**	**0**	**385**

LICENSES RENEWED

Individual Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	655	576	669	0	1,900
Designated Representatives Vet (EXV)	16	5	12	0	33
Designated Representatives-3PL (DRL)	111	90	100	0	301
Designated Representatives-Reverse Distributor (DRR)	0	5	2	0	7
Designated Paramedic (DPM)	1	1	0	0	2
Pharmacist (RPH)	6,374	5,809	5,252	0	17,435
Advanced Practice Pharmacist (APH)	144	142	148	0	434
Pharmacy Technician (TCH)	7,883	6,858	6,136	0	20,877
Total	**15,184**	**13,486**	**12,319**	**0**	**40,989**

Site Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(APD & AUD))	192	637	69	0	898
Automated Drug Delivery System EMS (ADE)	0	0	1	0	1
Automated Patient Dispensing System 340B Clinic (ADC)	0	1	0	0	1
Centralized Hospital Packaging Government Owned (CHE)	1	0	0	0	1
Centralized Hospital Packaging (CHP)	4	0	3	0	7
Clinics (CLN)	419	281	445	0	1,145
Clinics Government Owned (CLE)	57	798	44	0	899
Drug Room (DRM)	3	5	9	0	17
Drug Room Government Owned (DRE)	1	8	0	0	9
Hospitals (HSP)	61	160	87	0	308
Hospitals Government Owned (HPE)	43	13	3	0	59
Hospital Satellite Sterile Compounding (SCP)	2	1	0	0	3
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	0	0	0	2
Hypodermic Needle and Syringes (HYP)	63	42	53	0	158
Correctional Pharmacy (LCF)	5	49	0	0	54
Outsourcing Facility (OSF)	1	1	1	0	3
Outsourcing Facility Nonresident (NSF)	2	4	5	0	11
Pharmacy (PHY)	1,153	2,065	1,238	0	4,456
Pharmacy Government Owned (PHE)	51	58	12	0	121
Remote Dispensing Pharmacy (PHR)	0	2	0	0	2
Pharmacy Nonresident (NRP)	125	124	160	0	409
Sterile Compounding (LSC)	143	263	130	0	536
Sterile Compounding Government Owned (LSE)	58	6	5	0	69
Sterile Compounding Nonresident (NSC)	8	14	13	0	35
Surplus Medication Collection Distribution Intermediary (SME)	1	0	0	0	1
Third-Party Logistics Providers (TPL)	13	4	10	0	27
Third-Party Logistics Providers Nonresident (NPL)	47	36	25	0	108
Veterinary Food-Animal Drug Retailer (VET)	2	3	10	0	15
Wholesalers (WLS)	125	81	102	0	308
Wholesalers Government Owned (WLE)	3	5	0	0	8
Wholesalers Nonresident (OSD)	212	158	182	0	552
Total	**2,797**	**4,819**	**2,607**	**0**	**10,223**

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)	2,829	2,823	2,902	0
Designated Representatives Vet (EXV)	55	58	61	0
Designated Representatives-3PL (DRL)	480	509	549	0
Designated Representatives-Reverse Distributor (DRR)	15	16	16	0
Designated Paramedic (DPM)	3	3	2	0
Intern Pharmacist (INT)	4,740	4,900	4,876	0
Pharmacist (RPH)	49,906	50,154	50,051	0
Advanced Practice Pharmacist (APH)	1,210	1,241	1,272	0
Pharmacy Technician (TCH)	65,218	65,803	66,098	0
Total	**124,456**	**125,507**	**125,827**	**0**

Temporary Individual Licenses (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
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	3	0
Total	**0**	**1**	**3**	**0**

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD(AUD))	1,094	1,118	1,133	0
Automated Drug Delivery System (ADD(APD))	20	18	16	0
Automated Drug Delivery System EMS (ADE)	1	1	1	0
Automated Patient Dispensing System 340B Clinic (ADC)	1	1	1	0
Centralized Hospital Packaging Government Owned (CHE)	2	2	2	0
Centralized Hospital Packaging (CHP)	8	8	8	0
Clinics (CLN)	1,404	1,429	1,436	0
Clinics Government Owned (CLE)	938	944	956	0
Drug Room (DRM)	21	21	21	0
Drug Room Government Owned (DRE)	10	10	10	0
Hospitals (HSP)	399	399	397	0
Hospitals Government Owned (HPE)	77	78	84	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	231	233	0
Correctional Pharmacy (LCF)	57	56	56	0
Outsourcing Facility (OSF)	4	4	3	0
Outsourcing Facility Nonresident (NSF)	20	20	21	0
Pharmacy (PHY)	6,091	6,072	5,990	0
Pharmacy Government Owned (PHE)	144	144	145	0
Remote Dispensing Pharmacy (PHR)	2	3	3	0
Pharmacy Nonresident (NRP)	599	607	602	0
Sterile Compounding (LSC)	707	706	692	0
Sterile Compounding Government Owned (LSE)	103	104	109	0
Sterile Compounding Nonresident (NSC)	58	58	57	0
Surplus Medication Collection Distribution Intermediary (SME)	1	1	1	0
Third-Party Logistics Providers (TPL)	36	39	40	0
Third-Party Logistics Providers Nonresident (NPL)	140	143	153	0
Veterinary Food-Animal Drug Retailer (VET)	18	18	18	0
Wholesalers (WLS)	477	481	482	0
Wholesalers Government Owned (WLE)	10	10	11	0
Wholesalers Nonresident (OSD)	809	809	818	0
Total	**13,496**	**13,543**	**13,507**	**0**
Total Population of Licenses	**137,952**	**139,051**	**139,337**	**0**