#	Section	Commenter	Comment	Staff Recommendations
1	1707.4(a) and (b)	RHS Pharmacy Advisors California Retailers Association California Community Pharmacy Coalition	The current definitions in subsections (a) and (b) effectively require filled prescriptions to route back through the originating pharmacy before reaching the patient. We recommend removing this constraint. Allowing a California-licensed central fill pharmacy to ship directly to patients improves medication access, reduces time to therapy, and eliminates additional handling steps that introduce unnecessary risk of error or delay: **§ 1707.4(a)** — For purposes of this section, a central fill pharmacy is defined as a California-licensed pharmacy that, pursuant to a contract or on behalf of a pharmacy under common ownership, prepares and packages prescriptions for another pharmacy ~~to dispense to the patient~~. **§ 1707.4(b)** — For the purposes of this section, the originating pharmacy is defined as the pharmacy that received the patient's initial prescription ~~and dispenses the medication to the patient~~.	Board staff have reviewed this comment and do not recommend a change. Board staff note that this comment is outside the scope of the second comment period. Additionally, this comment was previously considered by the Board and responded to during the first 45-day comment period. Board staff refer the commenter to the January 2026 Board Meeting Materials to review the discussion https://www.pharmacy.ca.gov/about/meetings_full.shtml. Further, Board staff note that the subject of this proposed regulation is the central fill business model. The regulation text explicitly states in subsection (e) that "***Nothing in this section shall be construed as barring a pharmacy from also filling prescriptions through a mail order pharmacy*** model that fills prescriptions and delivers prescriptions directly to patients through any mail service." As a reminder, nothing in the proposed regulation prohibits a pharmacy from serving as a central fill pharmacy while also providing mail-order services.
2	1707.4(a) and (b)	Cardinal	The Board staff's recommended addition below, which is in response to stakeholder comments is unclear. It appears to rely on Cal. Code Regs. Tit. 16, § 1717.1 to permit central fill pharmacies to mail prescriptions directly to patients. However, as written it may create confusion for future regulators and industry stakeholders and potentially impact patient care. *1707.4(e) Nothing in this section shall be construed as barring a pharmacy from also filling prescriptions through a mail order pharmacy model that fills prescriptions and delivers prescriptions directly to patients through any mail service, or from operating*	Board staff have reviewed this comment and do not recommend a change. Board staff note that this comment is outside the scope of the second comment period. Additionally, this comment was previously considered by the Board and responded to during the first 45-day comment period. Board staff refer the commenter to the January 2026 Board Meeting Materials to review the discussion https://www.pharmacy.ca.gov/about/meetings_full.shtml. Further, Board staff note that the subject of this proposed regulation is the central fill business model. The regulation text explicitly states in subsection (e) that "***Nothing in this section shall be construed as barring a pharmacy from also filling prescriptions through a mail order pharmacy***

			under the provisions of a common electronic file as established in section 1717.1 of this Article. To eliminate ambiguity and ensure uniform application of the Board's regulatory framework, we respectfully request that the Board revise the rule as follows: 16 CCR § 1707.4(a)-(b) (proposed rule). We suggest revising the rule as follows: ***a)*** *For purposes of this section, a central fill pharmacy is defined as a California licensed pharmacy that, pursuant to a contract or on behalf of a pharmacy under common ownership, prepares and packages prescriptions for another pharmacy,* ***and which either returns the dispensed prescription to the originating pharmacy or delivers the dispensed prescription directly to the patient or patient's agent.*** *b) For the purposes of this section, the originating pharmacy is defined as the pharmacy that received the patient's initial prescription.* ~~*and dispenses the medication to the patient.*~~ This revision will align California with other state boards of pharmacy that recognize the benefits of direct dispensing to patients in a central fill arrangement. Please refer to the following example regulations: 1. **Oregon**: Or. Admin. Code § 855-041-3035(1) "A central fill pharmacy may deliver or mail medications to the primary pharmacy or patient. . . ." 2. **Arizona**: Ariz. Admin. Code § R4-23-621(C)(2) (Requiring certain additional information to appear on the prescription	model that fills prescriptions and delivers prescriptions directly to patients through any mail service." As a reminder, nothing in the proposed regulation prohibits a pharmacy from serving as a central fill pharmacy while also providing mail-order services.

			container if an order is delivered directly to the patient by the filling pharmacy). 3. **Texas**: 22 Tex. Admin. Code § 291.125(c)(2)(A)(ii) (Recognizing that non-controlled substance prescriptions may be delivered directly to the patient if certain additional information appears on the prescription container). 4. **Colorado**: 3 Colo. Code Regs.719-1-20.00.90(c) & 20.01.00(a)(2)(iv) (Describing the requirements of the fulfillment and originating pharmacies when the prescription is delivered directly to the patient).	
3	1707.4(c)	NACDS	To enhance pharmacy operators' ability to safely and accurately deploy central fill operations and support their capacity to meet Californians' pharmacy care needs, NACDS asks the Board to make the following revisions to 16 CCR §1707.4 to provide clarity and allow for practical flexibilities that preserve patient safety while aligning with real-world pharmacy operations and supporting pharmacies' ability to meet patients' growing demand for pharmacy services: 1. Strike the language in (c) that requires central fill pharmacies to be located in the state of California: (c) A central fill pharmacy ~~located in California~~ and licensed by the Board may process a request for prescription medication received by another pharmacy within this state, provided: … In proposing this geographic limitation, the Board asserts that the geographic limitations are needed "to avoid any potential delays in therapy … [and] ensure timely filling of the prescription medication" and to allow the	Board staff have reviewed this comment and do not recommend a change. Board staff note that this comment is outside the scope of the second comment period. Additionally, this comment was previously considered by the Board and responded to during the first 45-day comment period. Board staff refer the commenter to the January 2026 Board Meeting Materials to review the discussion https://www.pharmacy.ca.gov/about/meetings_full.shtml While the Board acknowledges the recent legal authority to inspect nonresident pharmacies pursuant to AB 1503, the Board emphasizes the additional levels of administrative approval, greater cost, and complex logistics involved in conducting inspections out of state. Further, Board staff note that while the commenter argues that "located in California" does not necessarily correlate to faster delivery times, the only non-California location given as an example of similar delivery times is a border state (Nevada). If the "located in California" language is deleted, a pharmacy located in New York, Hawaii, Alaska, etc. would all be potential pharmacy locations.

			Board to inspect central fill operations. Based on pharmacies' experiences implementing central fill operations across other states, these concerns are unfounded, as further detailed below. Pharmacy operators typically deploy central fill operations to prepare routine, long-term, and chronic prescriptions where timing is planned and predictable, whereas local pharmacies will typically handle acute and urgent prescriptions. Moreover, retail pharmacies and central fill locations utilize a shared, real-time pharmacy management system, ensuring that local pharmacies retain full and immediate control over every prescription order. At any point prior to dispensing, a prescription transmitted to a central fill facility can be instantaneously retrieved and reassigned back to the retail pharmacy for on-site processing and dispensing, thereby allowing the local pharmacy to respond without delay if a patient presents earlier than expected, if therapy must begin immediately, or if clinical judgment determines that local dispensing is more appropriate. Notably, geographic proximity within California does not necessarily correlate to faster delivery times. For example, a central fill pharmacy located in Sacramento serving an originating pharmacy in San Diego may take longer to return a filled prescription than a licensed nonresident central fill pharmacy located in a neighboring state, such as Nevada, with established distribution capabilities and logistics infrastructure. Additionally, Section 4112 of the California Business and Professions Code as amended by AB 1503 (2025) now authorizes the	As a reminder, nothing in the proposed regulation prohibits a pharmacy from serving as a central fill pharmacy while also providing mail-order services.

			Board to inspect nonresident pharmacies, which would extend to any central fill operation located in another state. For these reasons, the proposed geographic limitation for central fill operations to be located in the state of California are unwarranted and will only hinder the ability for central fill pharmacies to effectively serve California patients.	
4	1707.4(c)	C. Tackett	In the Board's AMENDED INITIAL STATEMENT OF REASONS, there are two reasons stated as to why the board believes it is necessary for central fill pharmacies to be located within the state of California: 1. To ensure compliance with California laws and regulations, and to do so, the Board must be able to inspect central fill facilities, which requires that the facilities be located within California. 2.To avoid any potential delays in therapy that would harm the health, safety, and welfare of Californians, it is essential that the central fill pharmacy be located within California to ensure timely filling of the prescription medication and return to the originating pharmacy for dispensing. California Board of Pharmacy currently requires all nonresident pharmacies shipping prescriptions into the state of California to licensed and comply with all applicable California laws and regulations including the recently enacted Business and Professions Code Chapter 9, Division 2 Section 4112 (k), which goes into effect July 1st, 2026 and states that "the board may inspect a nonresident pharmacy licensed pursuant to this section." Concerns regarding potential delays in therapy related to prescription processing and return to	Board staff have reviewed this comment and do not recommend a change. Board staff note that this comment is outside the scope of the second comment period. Additionally, this comment was previously considered by the Board and responded to during the first 45-day comment period. Board staff refer the commenter to the January 2026 Board Meeting Materials to review the discussion https://www.pharmacy.ca.gov/about/meetings_full.shtml While the Board acknowledges the recent legal authority to inspect nonresident pharmacies pursuant to AB 1503, the Board emphasizes the additional levels of administrative approval, greater cost, and complex logistics involved in conducting inspections out of state. As a reminder, nothing in the proposed regulation prohibits a pharmacy from serving as a central fill pharmacy while also providing mail-order services.

			the originating pharmacy are mitigated by the routine use of common carriers offering overnight delivery. Nonresident central fill pharmacies utilize established carriers such as FedEx, UPS, and USPS to deliver dispensed prescriptions to the originating pharmacy, often within 24 hours, thereby supporting timely prescription fulfillment and delivery. Pharmacies utilizing central fill pharmacies generally have the ability to recall prescriptions to the originating pharmacy during the dispensing and shipping process, when necessary, to support timely access to therapy in response to urgent patient needs or unanticipated processing and shipping delays. For these reasons, we respectfully urge the Board to reconsider excluding California-licensed nonresident pharmacies from providing central fill services to pharmacies within the state.	
5	1707.4(c)	Walmart	While Walmart wholeheartedly supports promotion of patient safety, we are concerned that the Board's proposed requirement limiting central fill pharmacies to facilities physically located within California is unnecessary, does not advance patient health or welfare, and would restrict access to lawful, efficient pharmacy services. As discussed below, this geographic limitation does not meaningfully improve oversight, ensure timely dispensing, or enhance patient protections, and instead risks undermining the operational flexibility that supports safe and effective pharmacy care. The Board asserts that in-state location is essential to ensure timely prescription fulfillment and to avoid delays in therapy that could harm patient health, safety, or welfare.	Board staff have reviewed this comment and do not recommend a change. Board staff note that this comment is outside the scope of the second comment period. Additionally, this comment was previously considered by the Board and responded to during the first 45-day comment period. Board staff refer the commenter to the January 2026 Board Meeting Materials to review the discussion https://www.pharmacy.ca.gov/about/meetings_full.shtml Board staff note that while the commenter argues that "located in California" does not necessarily correlate to faster delivery times, the only non-California location given as an example of similar delivery times is a border state (Nevada). If the "located in California" language is deleted, a pharmacy located in New York, Hawaii, Alaska, etc. would all be potential pharmacy locations.

			This assertion is misguided. Central fill pharmacies are not used to dispense acute or urgent medications; rather, they support the dispensing of routine prescriptions and long-term or chronic medication refills, where timing is planned and predictable. In addition, the shared, real-time pharmacy management system utilized by both the retail and central fill locations ensures that the retail pharmacy retains full and immediate control over every prescription order. At any point prior to dispensing, a prescription transmitted to the central fill facility can be instantaneously retrieved and reassigned back to the retail pharmacy for on-site processing and dispensing. This capability allows the retail pharmacy to respond without delay if a patient presents earlier than expected, if therapy must begin immediately, or if clinical judgment determines that local dispensing is more appropriate. Further, geographic proximity within California does not necessarily correlate to faster delivery times. For example, a central fill pharmacy located in Sacramento, CA serving an originating pharmacy in San Diego may take longer to return a filled prescription than a licensed nonresident central fill pharmacy located in a neighboring state, such as Nevada, with established distribution capabilities and logistics infrastructure. As a result, central fill operations do not introduce barriers to timely care; rather, they provide operational flexibility while preserving the originating retail pharmacy's ability to intervene immediately when necessary. This seamless integration effectively eliminates any meaningful risk of delayed therapy attributable to central fill	As a reminder, nothing in the proposed regulation prohibits a pharmacy from serving as a central fill pharmacy while also providing mail-order services. Further, while the Board acknowledges the recent legal authority to inspect nonresident pharmacies pursuant to AB 1503, the Board emphasizes the additional levels of administrative approval, greater cost, and complex logistics involved in conducting inspections out of state.

			utilization. The retail pharmacy remains fully capable of ensuring prompt access to medications whenever clinical circumstances require it, thereby maintaining patient health, safety, and welfare while also benefiting from the efficiency and accuracy enhancements that central fill services provide. In the amended initial statement of reasons, the Board explains that requiring a central fill pharmacy to be located within California is intended to ensure compliance with California laws and regulations. But California law already provides the Board with all the powers it needs to ensure that relevant central fill pharmacies outside California comply with California laws and regulations.	
6	1707.4(c)	CVS	The phrase "located in California" within section 1707.4 (c) creates an undue and potentially harmful barrier for central fill models by restricting participation to entities within the state. Specifically, to pharmacies that leverage central fill to accommodate complex, high-touch disease states, this residency requirement jeopardizes patient access to critical specialty medications. Some manufacturers often restrict their product to dispensing only by pharmacies within their limited distribution drug (LDD) networks often referred to as specialty pharmacies. This results in only a small number of select pharmacies, sometimes outside California, being authorized to dispense critical drugs that require specialized handling. Manufacturers assign LDD designations to products for management of complex disease states, adherence to REMS programs, and other specialized requirements. Such designation limits distribution of those medications to a very small number of pharmacies capable of	Board staff have reviewed this comment and do not recommend a change. Board staff note that this comment is outside the scope of the second comment period. Additionally, this comment was previously considered by the Board and responded to during the first 45-day comment period. Board staff refer the commenter to the January 2026 Board Meeting Materials to review the discussion https://www.pharmacy.ca.gov/about/meetings_full.shtml Further, Board staff note that the subject of this proposed regulation is the central fill business model, not mail-order delivery. The regulation text explicitly states in subsection (e) that "***Nothing in this section shall be construed as barring a pharmacy from also filling prescriptions through a mail order pharmacy*** model that fills prescriptions and delivers prescriptions directly to patients through any mail service." Board staff note that the commenter is referencing mailing prescriptions directly to the patient, and nothing in the proposed regulation prohibits a pharmacy from

			meeting rigorous manufacturer-defined criteria. Along with dispensing these drugs, these pharmacies are expected to perform comprehensive care coordination to reduce adverse events, complete detailed prior authorization processes, dispense appropriate administration equipment, provide on-call support for patients including REMS monitoring, and take other intensive measures that prioritize patient safety. The specialty pharmacy industries, approach focuses on maximizing patient access to critical therapies through a collaborative model. Collectively, these pharmacies satisfy both manufacturer-defined criteria and patient care needs. Under current central fill regulations, the intake center serves as the originating pharmacy, with the dispensing pharmacy—usually mailing the medication directly to the patient—considered the central fill pharmacy. The operational intent is always to utilize the dispensing pharmacy closest to the patient to minimize transit times. Nonetheless, due to the structure of manufacturer-designed LDD networks, situations arise where a California-based pharmacy cannot dispense a particular drug, though another qualified pharmacy within our national network can. Because of the manufacturer-driven distribution model for specialty medications, the proposed residency limitation would gravely impact patient access to specialty medications from any specialty pharmacy in California and would introduce potential for patient harm. Another consideration is that the limitation unnecessarily burdens pharmacies seeking to	serving as a central fill pharmacy while also providing mail-order services.

			improve timely patient access to refill medications through efficient central fill processes. Board staff have previously stated that this provision intends to prevent delays caused when patients receive medications filled by out-of-state providers. However, such reasoning does not correspond with common industry practices for central fill implementation within traditional community pharmacy settings. Central fill operations utilize advanced systems to fulfill prescriptions to drive continuity of care for patients' anticipated needs. Given the sophistication of central fill processes and their use of automation to ensure originating pharmacies can timely meet patient medication needs, maintaining this restriction will effectively impede operational efficiencies for pharmacies and increase the likelihood of patient delays.	
7	1707.4(c)	CA Kidney Care Alliance	**Proposed restrictions conflict with federal ESRD policy changes and threaten continuity of care.** Effective January 1, 2025, the Centers for Medicare & Medicaid Services (CMS) incorporated oral-only phosphate binders into the End Stage Renal Disease (ESRD) Prospective Payment System (PPS) bundle, shifting these medications from Medicare Part D to Medicare Part B. This means that dialysis organizations, which serve a large Medicare patient population, are responsible for providing these medications to patients. CMS implemented a Transitional Drug Add-on Payment Adjustment (TDAPA) for at least two years to support this transition Because CMS now requires dialysis facilities to provide oral phosphate binders directly to patients, dialysis clinics depend on specialized	Board staff have reviewed this comment and do not recommend a change. Board staff note that this comment is outside the scope of this comment period, as the comment does not involve objections, support, or recommendations directed towards the text in this specific regulatory action. Further, the scenario contemplated by this comment is outside the scope of the central fill business model, which is the subject of the proposed regulation. The comment relates to medications being delivered to dialysis clinics, which is different than a central fill pharmacy.

			kidney-care pharmacies—some of which utilize out-of-state central fill locations—to maintain consistent supply. These medications are clinically essential, and even short delays can have serious consequences for ESRD patients. Restricting a pharmacy's central fill operations to in-state facilities could: • Reduce availability of medications already susceptible to supply gaps in retail settings; • Disrupt federally driven workflows that rely on centralized dispensing; and • Restrict dialysis provider choice of qualified pharmacy partners during a period of significant operational transition. The proposed Board of Pharmacy regulation is misaligned with the current federal payment and supply framework that governs ESRD medication delivery. Given that approximately 80% of ESRD patients rely on phosphate binders, this policy change poses a substantial risk to a highly vulnerable patient population, access to essential therapy, and could result in significant adverse healthcare outcomes.	
8	1707.4(c)	CA Kidney Care Alliance	**Limiting central fill to California-based pharmacies will reduce access and increase delays** California's geography, transportation disparities, and ongoing pharmacy-access challenges create real risks for dialysis patients if central fill capacity is restricted. The proposed in-state requirement could overload local pharmacies and may unintentionally: • Reduce statewide dispensing capacity for high-acuity, chronically ill patients; • Increase delivery timelines, especially for rural or transportation-limited populations; & • Break existing relationships with specialized central-fill providers that have built the	Board staff have reviewed this comment and do not recommend a change. Board staff note that this comment is outside the scope of this comment period, as the comment does not involve objections, support, or recommendations directed towards the text in this specific regulatory action. Boart staff note that the comment as presented is unclear. Board staff interprets the comment to request that the "located in California" language be deleted, but the reason for the request appears based on speculation. Board staff note that the subject of this proposed regulation is the central fill business model, not mail-order delivery. The regulation text explicitly states in subsection (e) that "***Nothing in this section shall be construed as***

			infrastructure needed to support ESKD patients. Kidney-care pharmacies routinely provide direct-to-patient and direct-to-clinic delivery— ensuring reliable access regardless of distance or local pharmacy closures. Removing the option to utilize licensed out-of-state central fill partners would diminish this critical flexibility. The proposed Board of Pharmacy regulation is fundamentally inconsistent with the federal payment and supply model that now governs ESRD medication distribution. Because phosphate binders are prescribed to approximately 80% of ESRD patients, the regulation would disproportionately affect this high-risk population and could lead to significant disruptions in care and negative health outcomes. For these reasons, the CKCA respectfully urges the Board to reconsider or revise the proposed in-state limitation in § 1707.4(c). A more flexible regulatory framework—consistent with statutory authority under BPC § 4112 and reflective of recent federal ESRD policy changes— would better protect medication access and continuity of care for California dialysis patients.	***barring a pharmacy from also filling prescriptions through a mail order pharmacy*** model that fills prescriptions and delivers prescriptions directly to patients through any mail service."
9	1707.4(c)	RHS Pharmacy Advisors California Retailers Association California Community Pharmacy Coalition	1. The "located in California" requirement is inconsistent with AB 1503. The Modified Initial Statement of Reasons states that the "located in California" requirement is necessary because "the Board must be able to inspect central fill facilities, which requires that the facilities be located within California." However, AB 1503 expressly provides that "the board may inspect a nonresident pharmacy licensed pursuant to this section." The Board already has inspection authority over California-licensed	Board staff have reviewed this comment and do not recommend a change. Board staff note that this comment is outside the scope of the second comment period. Additionally, this comment was previously considered by the Board and responded to during the first 45-day comment period. Board staff refer the commenter to the January 2026 Board Meeting Materials to review the discussion https://www.pharmacy.ca.gov/about/meetings_full.shtml.

			nonresident pharmacies. The stated rationale for the geographic restriction, therefore, does not hold, and we respectfully request that the Board reconcile this inconsistency. 2. Geography does not support a blanket in-state requirement. The MISR further states that an in-state requirement is needed "to avoid any potential delays in therapy." This is not always accurate. A patient in Redlands, California, for example, is geographically closer to a central fill pharmacy in Phoenix than to one in Sacramento. Limiting central fill to in-state locations can create access barriers — particularly for Limited Distribution Drugs and patients in underserved or rural communities — rather than eliminating them. We recommend removing "located in California and" from subsection (c), as this language is inconsistent with the Board's existing authority under AB 1503 and creates unnecessary access barriers as described above: **§ 1707.4(c)** — A central fill pharmacy ~~located in California and~~ licensed by the Board may process a request for ~~refill of~~ a prescription medication received by ~~a~~ another pharmacy ~~within this state~~, provided…	Board staff note that while the commenter argues that "located in California" does not necessarily correlate to faster delivery times, the only non-California location given as an example of similar delivery times is nearby state of Arizona. If the "located in California" language is deleted, a pharmacy located in New York, Hawaii, Alaska, etc. would all be potential pharmacy locations—not just neighboring states. Further, Board staff note that the subject of this proposed regulation is the central fill business model, not mail-order delivery. The regulation text explicitly states in subsection (e) that "***Nothing in this section shall be construed as barring a pharmacy from also filling prescriptions through a mail order pharmacy*** model that fills prescriptions and delivers prescriptions directly to patients through any mail service."
10	1707.4(c)(2)(B)	NACDS Walgreens	2. Eliminate the ambiguity with respect to requirements for a prescription container under (c)(2)(B): *(c)(2)(B) ~~as applicable,~~ clearly shows the name and address of the central fill pharmacy filling the medication or the name and address of the originating pharmacy. Nothing in this subsection should be interpreted as preventing inclusion of the name and address of both pharmacies. …*	Board staff have reviewed this comment and do not recommend a change. Board staff notes that this comment is outside the scope of the second comment period. Additionally, Board staff believes that the language is clear as drafted and "as applicable" is a clarifying condition as only one option will apply. The Board may wish to relocate "as applicable" to the end of the sentence, which staff believe would be a non-substantive change.

			In this particular paragraph, use of the phrase "as applicable" introduces unnecessary ambiguity and does not contribute meaningfully to the intent of the rule. Including this phrase could create unintended uncertainty about what information, in fact, is considered applicable and must be shown on the prescription container.	
11	1707.4(c)(4)	NACDS Walgreens	Allow pharmacy operators to use an identifier to satisfy the recordkeeping requirements under (c)(4) related to filling and receipt of prescriptions from central fill operations: (c)(4) Both pharmacies maintain complete and accurate records, including: (A) the name of the pharmacist <u>or identifier of the pharmacist</u> who filled the prescription; (B) the name of the pharmacy <u>or identifier of the pharmacy</u> filling the prescription; and (C) the name of the pharmacy <u>or identifier of the pharmacy</u> that received the prescription. Allowing for the use of an identifier that is ngs, name variations, or formatting inconsistencies that can occur with full names – especially in a high-volume central fill environment. As permitted under Section 4070 of the California Business and Professions Code, many California pharmacies already use identifiers to satisfy certain recordkeeping requirements for electronic prescriptions. Pharmacy operators should also be authorized to use this established, accurate identification method to track the filling and receipt of prescriptions from central fill operations.	Board staff have reviewed this comment and do not recommend a change. This comment was previously submitted during the first 45-day comment period and considered at the January 2026 Board meeting. Board staff refer the commenter to the January 2026 Board Meeting Materials and Minutes to review the discussion https://www.pharmacy.ca.gov/about/meetings_full.shtml. Board staff further note that this comment is outside the scope of the second comment period, as the comment does not involve objections, support, or recommendations directed towards this specific regulatory action. Further, Board staff notes that the requirements referenced in (c)(4) are existing requirements pursuant to current regulation text.
12	1707.4(c)(5)	W. Hartig	*"A pharmacist shall not be required to perform final product verification where product verification by a pharmacist is performed at the*	Board staff have reviewed this comment and do not recommend a change. Board staff note that the term

			time of stocking the automated dispensing device, if the dispensing device is not further accessed by pharmacy personnel, and the medication is dispensed into a labeled container (with a label that meets the requirements set forth in section 1707.5 of this Article)." The purpose of this addition is to establish an exemption from product inspection. This exemption is necessary to prevent duplicative product verification, given that the product was previously verified and dispensed by an automated device without human intervention. An Automated Dispensing Device can be broadly interpreted, and current Board Regulations define ADDS, APDS (which require registration of each device), so it would seem appropriate to articulate the phrase AUTOMATED DISPENSING DEVICE in the proposed regulation for consistency.	"automated dispensing device" is commonly understood in the industry and does not require separate definition.
13	1707.4(e)	NACDS Walgreens	Clarify that central fill pharmacies may dispense finished prescriptions directly to the patient on behalf of local, retail pharmacies. While subsection (e) appears to permit direct-to-consumer dispensing through a mail-order pharmacy model, the language does not directly address a scenario where the central fill pharmacy might dispense a finished prescription to a patient on behalf of the patient's local retail pharmacy. Seemingly, there is no statutory or regulatory distinction that would preclude a central fill pharmacy from engaging in the same practice. However, we ask that the Board confirm that direct-to-consumer dispensing is authorized for central fill	Board staff reviewed the comment and do not recommend a change. Board staff note that a central fill pharmacy may also operate as mail-order pharmacy under pharmacy law. Where a pharmacy is operating as a central fill pharmacy, it must comply with this regulation.

			operations filling prescriptions on behalf of a local, retail pharmacy.	
14	General	W. Hartig	I am not certain why this regulation includes a reference to automated dispensing devices. Central-fill pharmacies may already operate under common ownership. There are already separate regulations for ADDS/APDS. The vagueness of these changes seems to allow central-fill pharmacies to take on a contract manufacturing role. It should be stated in the regulation that nothing in this regulation allows a central-fill pharmacy to distribute non-patient-specific prescriptions outside of its own registered facility	Board staff reviewed the comment and do not recommend a change. The comment does not involve objections, support, or recommendations directed towards the noticed text. Staff note that nothing in the proposed regulatory text suggests that a central fill pharmacy may serve as a repackager.
15	General	W. Hartig	Current regulations limit the number of ADDS/APDS that may be operated from a single pharmacy to ten as I recall. Will there be the same limitation on Central Fill pharmacies? If not, why not?	Board staff reviewed the comment and do not recommend a change. The comment does not involve objections, support, or recommendations directed towards the noticed text. The commenter appears to be conflating the Board's APDS licensure program with the central fill business model.
16	General	W. Hartig	Current regulations allow human handling (retrieval) from dispensing devices (not all are fully automated). Who confirms that the correct medication is removed and dispensed if the pharmacist only needs to perform product verification at the time of stocking?	Board staff reviewed the comment and do not recommend a change. This comment is outside the scope of this second comment period as it does not involve objections, support, or recommendations directed towards this specific regulatory action. Staff believe the comment refers to an automated dispensing device that is not fully automated and thus could not leverage the flexibilities provided in subsection (c)(5) of the proposed regulation.
17	General	W. Hartig	Current regulations limit central fill operations for hospital pharmacies to 75 miles from the facility. Will the same 75-mile restriction apply to central fill for retail pharmacies? If not, why not?	Board staff reviewed the comment and do not recommend a change. Board staff note that there is no 75-mile restriction in the central fill business model regulation. The commenter appears to be referring to Centralized Hospital Packaging, which applies to

				medications for administration to inpatients which is outside the scope of this regulation.
18	General	W. Hartig	Are medications that are not picked up from the automated dispensing device returned to the contracted central-fill site or to the pharmacy (since they must be patient-specific)?	Board staff reviewed the comment and do not recommend a change. Board staff note that this comment is outside the scope of this second comment period, as the comment does not involve objections, support, or recommendations directed towards the specific regulatory action. Under the central fill model, the medication is returned to the originating pharmacy to dispense to the patient; the patient does not pick up medication from the central fill pharmacy.
19	General	W. Hartig	How are expiration dates affected by uncollected prescriptions?	Board staff reviewed the comment and do not recommend a change. Board staff note that this comment is outside the scope of this second comment period, as the comment does not involve objections, support, or recommendations directed towards the specific regulatory action. Board staff note that the expiration date of medication is not impacted by this regulation.
20	General	W. Hartig	Pharmacies are already required to license ADDS/APDS and are already allowed to supply up to ten sites from the main pharmacy. Is it the intention of the Board to allow a Central Fill Pharmacy to oversee and stock Automated Dispensing Devices registered to the originating pharmacy? If so, who will register the ADDS/APDS?	Board staff reviewed the comment and do not recommend a change. The comment does not involve objections, support, or recommendations directed towards the noticed text. Further, the commenter appears to be conflating the Board's APDS licensure program with the central fill business model.
21	General	W. Hartig	Can a central-fill pharmacy register their own Automated Dispensing devices? Are they restricted to ten units? Are they restricted to a 75-mile radius like hospital central fill?	Board staff reviewed the comment and do not recommend a change. Board staff note that this comment is outside the scope of this second comment period, as the comment does not involve objections, support, or recommendations directed towards the noticed text. The commenter appears to be conflating the Board's APDS licensure program with the central fill business model.

22	General	W. Hartig	If it is the intent to prepare prescriptions for other pharmacies to dispense, does the intended regulation authorize central fill pharmacies to directly ship products to patients, or is shipment limited to the originating pharmacy or automated dispensing devices licensed to the originating pharmacy?	Board staff reviewed the comment and do not recommend a change. Board staff direct the commenter to subsections (a) and (b) of the regulation, defining central fill and originating pharmacies: (a) For purposes of this section, a central fill pharmacy is defined as a California licensed pharmacy that, pursuant to a contract or on behalf of a pharmacy under common ownership, prepares and packages prescriptions for dispensing to another pharmacy to dispense to the patient. (b) For the purposes of this section, the originating pharmacy is defined as the pharmacy that received the patient's initial prescription and dispenses the medication to the patient
23	General	W. Hartig	In fact, per the stated intent, "ensuring that a central-fill pharmacy is not restricted on the type of prescription it may fill" (especially if not under common ownership) seems to have a significant impact on small pharmacy can afford automated dispensing devices will certainly seize the opportunity to gain market	recommend a change. Nothing in this regulation requires the use of an automated dispensing device. The regulation only states that ***if*** the facility uses an automated dispensing device, it may leverage the flexibilities provided in subsection (c)(5).
24	General	W. Hartig	Current regulations require inclusion of the patient's name on the final prescription label. Changing the wording to "dispensed medication" from "prescription" (a well- defined legal term) could circumvent the very specific labeling requirements for "prescriptions" dispensed, especially from unattended Automated Dispensing Devices. Nothing in the regulations should allow pharmacies (originating or central fill) to prepare in advance or stock dispensing devices with non-patient	Board staff reviewed the comment and do not recommend a change. Board staff note that this comment is outside the scope of this second comment period, as the comment does not involve objections, support, or recommendations directed towards this specific regulatory action. Nonetheless, Board staff directs the commenter to subsection (c)(2), which explicitly identifies the labeling requirements.

			specific "prescriptions". To do so would constitute "manufacturing", and as such would require a Dept. of Health Services (Food and Drug Branch) manufacturing license. Has the Department of Health Services (Food and Drug Branch) weighed in on the proposed changes?	Further, Board staff notes that this regulation does not contemplate pre- or repackaging of prescriptions.
25	General	W. Hartig	Current State regulations already provide a legal avenue for supplying pre-packaged "non-patient specific" unit-of-use containers to legally authorized dispensers under the Department of Health Services (Food and Drug Branch). Since prescriptions dispensed from a pharmacy MUST be patient-specific, it should be clarified in the proposed changes that nothing in the proposed change(s) authorizes a central-fill pharmacy to supply such medications absent a legal "patient-specific" prescription.	Board staff reviewed the comment and do not recommend a change as the proposed regulatory text already addresses commenter's concerns. Board staff direct the commenter to subsections (a) and (b), which makes clear that the regulation requires central fill pharmacies to fill patient-specific prescriptions: (a) For purposes of this section, a central fill pharmacy is defined as a California licensed pharmacy that, pursuant to a contract or on behalf of a pharmacy under common ownership, prepares and packages prescriptions for dispensing to another pharmacy to dispense ***to the patient***. (b) For the purposes of this section, the originating pharmacy is defined as the pharmacy that received the patient's initial prescription and dispenses the medication ***to the patient***.
26	General	W. Hartig	I believe the economic impact assessment fails. These changes, without similar restrictions to hospital central-fill for unit dose (common ownership and 75-mile radius), will have a very significant impact on independent pharmacies. Since the number of prescriptions actually filled will remain the same, whatever prescriptions move to central-fill must move away from retail-fill. What economic assessment studies, if any, have been made in this regard? If prescriptions are moving to automated dispensing devices, they will likewise move away from retail-fill. If this proposed change extends the geographical limitations for ADDS/APDS oversight, the	Board staff reviewed the comment and do not recommend a change. Board staff note that this comment is outside the scope of this second comment period, as the comment does not involve objections, support, or recommendations directed towards this specific regulatory action. The Board is not establishing a requirement for mandated use of a central fill business model. Further, the commenter appears to be conflating the Board's APDS licensure program with the central fill business model.

			regulation goes beyond clarification of existing rules.	
27	General	W. Hartig	Regarding the ability for central-fill pharmacies to package for entities that are NOT under common ownership in fact does create a new business. Large corporations who have the wherewithal to deploy hundreds of remote dispensing devices, will quickly change the landscape of the profession. Perhaps it is the large corporation(s) who have lobbied for these changes especially in light of the concurrent new rule-making that allows a pharmacist to work outside of the licensed pharmacy. Similar to mega-PBMs destroying small businesses by controlling mail-order, the central-fill model can simply hire an outside pharmacist to manage numerous automated dispensing devices (as the new regulation does not establish a limitation). This sounds like a recipe to destroy small independent businesses, who already struggle daily with PBM's that the Board has historically failed to challenge. This change will clearly have an economic impact! Great for big stakeholders. Horrible for small independent pharmacies and stakeholders.	Board staff reviewed the comment and do not recommend a change. Board staff note that this comment is outside the scope of this second comment period, as the comment does not involve objections, support, or recommendations directed towards this specific regulatory action. The proposed regulation does not establish a requirement for the mandated use of a central fill business model. Further, this rulemaking updates existing requirements for central fill facilities, which have been in place since July 1, 2000. This is not a new business model.
28	General	W. Hartig	The Proposed regulations fail to articulate the nature of "contract" arrangements with central-fill pharmacies that are NOT under common ownership. The option to engage in contract services NOT under common ownership not only creates a new business model but opens the door for anti-kickback and Stark violations that are simply not addressed in the proposed modification. Pharmacies are covered entities under Stark and Antikickback regulations (Federal as well as State). If NOT under common ownership, the only incentive must be financial benefit (direct or indirect) to one or both parties for "steering" production /	Board staff reviewed the comment and do not recommend a change. Board staff note that this comment is outside the scope of this second comment period, as the comment does not involve objections, support, or recommendations directed towards this specific regulatory action. The proposed regulation does not establish a requirement for the mandated use of a central fill business model. Further, this rulemaking updates existing requirements for central fill facilities, which have been in place since July 1, 2000. This is not a new business model.

			processing toward a single solution. Steering production in and of itself is a violation. This lack of clarification opens up an entire regulatory loophole similar to big pharma PBM's who used vague regulatory language to create an entire industry that has devastated small independent pharmacies. When PBM's controlled the claims process for all pharmacies, it didn't take long to direct "steer" business to their own mail order solutions. Boards of Pharmacy have failed the profession with respect to PBM's oversight and now, allowing central-fill outside of commonly owned entities opens up the same scenario that allowed mega PBM's to control our industry. The inclusion of entities that are not under common ownership does more than simply clarify rules, it in fact creates a new business model, contrary to your economic impact declaration. Have there been any evaluations as to the nature of contracts with entities that are not under common ownership? Who will evaluate those contracts with respect to Stark and anti-kickback regulations? Does the Board review those contracts as part of the licensure process? Are those contracts available for public review? PBM's have long refused to be transparent about their contracts. Without transparency, this vague rulemaking will simply turn into PBM's 2.0! The regulations should prohibit contracts outside of common ownership and if not, minimally should certainly require submission and review of contracts with any entity not under common ownership.	
29	General	W. Hartig	From the outside looking in, these changes seem to favor only the largest and wealthiest stakeholders who can afford to deploy expensive automated dispensing devices to the detriment of small stakeholders and to the	Board staff reviewed the comment and do not recommend a change. Board staff note that this comment is outside the scope of this second comment period, as the comment does not involve objections,

			profession. It is the largest stakeholders that have currently demonstrated the highest prescription error rates per the Boards own latest report. Current time frame for inspection of a ADDS application is supposed to be 30 days, however according the a recent inquiry, this is currently taking 3-6 months. When I asked if a ADDS can be pre-certified, the Board's answer was no. Does the Board intend to pre-certify Automated Dispensing Devices for large scale deployment by the largest central-fill entities? The regulation changes appear conspicuous and they WILL have a substantial impact on the profession. Prescriptions moving to central-fill have to come from "somewhere". The "somewhere" will certainly be affected economically. To suggest that there will be no economic impact simply can't be true. The Boards duty is to all stakeholders in the profession, not just the largest.	support, or recommendations directed towards this specific regulatory action. The proposed regulation does not establish a requirement for the mandated use of a central fill business model. Further, the commenter appears to be conflating the Board's APDS licensure program with the central fill business model. Board staff also notes that this rulemaking updates existing requirements for central fill facilities, which have been in place since July 1, 2000. This is not a new business model. Finally, Board staff note that the Board's mission and mandate is to protect and promote the health and safety of Californians. This is true when the Board is making policy decisions, as well as other regulatory functions.
30	General	RHS Pharmacy Advisors California Retailers Association California Community Pharmacy Coalition	We respectfully renew the request, made by multiple stakeholders, that if significant changes are finalized, pharmacies be given ample lead time to implement new systems and transition patients safely.	Board staff have reviewed this comment and note that the comment was previously submitted during the first 45-day comment period and considered at the January 2026 Board meeting. Board staff refer the commenter to the January 2026 Board Meeting Materials to review the discussion https://www.pharmacy.ca.gov/about/meetings_full.shtml. Board staff reviewed the comment and do not recommend a change. Board staff note that this comment is outside the scope of this second comment period, as the comment does not involve objections, support, or recommendations directed towards this specific regulatory action.