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Business, Consumer Services and Housing Agency  
Department of Consumer Affairs  
Gavin Newsom, Governor



**To: Board Members**

**Subject: Discussion and Possible Action Related to Proposed Amendments to California Code of Regulations (CCR), Title 16, Section 1707.4 Related to Central Fill Pharmacies, Including Review of Comments Received During the 45-Day Comment Period**

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**Background:**

On August 1, 2024, the Board approved the proposed regulation text to amend title 16, CCR Section 1707.4 related to Central Fill Pharmacies. This proposal amends the Board's regulations for such pharmacies, clarifying current law based on comments received from the regulated public. As proposed, the text amendments would:

1. Clarify that the central fill pharmacy is licensed by the Board and operated within California.
2. Clarify that the originating pharmacy and the central fill pharmacy have the flexibility to include the name and address of both pharmacies on written information to patients, as specified.
3. Allow the originating pharmacy to perform final product verification using images (in lieu of a physical visual inspection.)

As required by the Administrative Procedure Act (APA), Board staff released the proposed text for the 45-day comment period on October 17, 2025, and the comment period ended on December 1, 2025. Several comments were received during the comment period.

**Provided with this memo are the following:**

1. Proposed text released for the 45-day public comment period.
2. Board staff prepared summarized comments with recommended comment responses.
3. Board staff-recommended modified text.
4. Comments received during the 45-day comment period.

**At this Meeting:**

During the meeting, members will have an opportunity to review the comments received, staff recommended responses to the comments, and staff-recommended potential amendments to the proposed language. The Board will have the opportunity to discuss the rulemaking and determine what course of action it wishes to pursue. Among its options:

1. Adopt the regulation text as noticed on October 17, 2025.
2. Adopt the regulation text as recommended by Board staff (as presented or

in line with the Board's discussion) to address concerns expressed by stakeholders and notice a 45-day comment period.

3. Withdraw the rulemaking.

Should members agree with Board staff's recommendation in option 2 above, provided below is possible motion language.

**Recommended Motion:** Accept the Board staff recommended comment responses and modified regulation text [either as presented or consistent with the Board's discussion] for a 45-day comment period. Additionally, if no adverse comments are received during the 15-day comment period, authorize the Executive Officer to take all steps necessary to complete the rulemaking process and adopt the proposed regulation text at Section 1707.4. Further, delegate to the executive officer the authority to make technical or non-substantive changes as may be required by the Control agencies to complete the rulemaking file.

DEPARTMENT OF CONSUMER AFFAIRS  
Title 16. Board of Pharmacy

**PROPOSED REGULATORY LANGUAGE**  
**Central Fill Pharmacies**

Proposed changes to the current regulation language are shown by ~~strikethrough~~ for deleted language and underline for added language.

**Amend Section 1707.4 of Article 2 of Division 17 of Title 16 of the California Code of Regulations to read as follows:**

§ 1707.4. Procedures for ~~Refill~~ Central Fill 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 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.

(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:

(1) The pharmacy that is to ~~refill the prescription medication~~ either has a contract with the pharmacy which received the prescription or has the same owner as the other pharmacy.

(2) The prescription container:

(A) is clearly labeled with all information required by ~~Sections~~ Sections 4076 and 4076.5 of the Business and Professions Code; and

(B) as applicable, clearly shows the name and address of the pharmacy refilling the prescription medication and/or the name and address of the pharmacy which receives the refilled prescription medication to dispense to the patient. Nothing in this subsection should be interpreted as preventing inclusion of the name and address of both pharmacies.

(3) The patient is provided with written information indicating that the prescription was filled at a central fill pharmacy, and written information, either on the prescription label or with the prescription container, 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~~, including:

(A) the name of the pharmacist who ~~refilled the prescription~~;

(B) the name of the pharmacy ~~refilling the prescription~~; and

(C) the name of the pharmacy that received the prescription refill request.

(5) The pharmacy which ~~refills the prescription and the pharmacy to which~~ receives the refilled prescription is provided for dispensing to the patient shall each be responsible

for ensuring the order has been properly filled. Pharmacists working at the originating pharmacy may perform final product verification prior to dispensing, including through review of images of the final product in lieu of physical visual verification. A pharmacist shall not be required to perform final product verification where product verification by a pharmacist is performed at the 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).

(6) The originating pharmacy is responsible for compliance with the requirements set forth in ~~S~~sections 1707.1, 1707.2, and 1707.3 of the California Code of Regulations.

~~(b) Nothing in this section shall be construed as barring a pharmacy from also filling new prescriptions presented by a patient or a patient's agent or transmitted to it by a prescriber.~~

NOTE: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4063, 4076, 4076.5, 4081, and 4333, Business and Professions Code.

#	Section	Commenter	Comment	Staff Recommendations
1	1707.4(a)	Express Scripts / Accredo, Refined Health Solutions, CVS Health	<p>The commenter believes that, as written, the rule exceeds the Board's goal of providing clarification and moves toward imposing restrictions that could lead to access issues and delays for patients and disruption of pharmacy practice for California-licensed pharmacies. Specifically, the amendments requiring the "originating pharmacy" to "dispense to the patient" create a barrier for pharmacies that deliver centrally filled prescriptions directly to their patients. The commenter does not believe this limitation is in line with the standard of care for central fill pharmacy practice, and thinks the recommended change provides the clarity needed to allow for both existing and innovative practice models to serve patients' needs, while addressing the Board's goals and accounting for Federal controlled substance requirements.</p> <p>(Recommended change in red <del>strikeout</del>)</p> <p><u>(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.</u> <del>to dispense to the patient.</del></p>	<p>Board staff have reviewed comments 1 through 5 and recommend a change based on these comments.</p> <p>Board staff note that the commenter appears to be seeking to allow a central fill pharmacy to also fill medications consistent with a mail order pharmacy model. Staff note that as defined, a central fill model involves the originating pharmacy to both receive the prescription and dispense the prescription to the patient. This stands in contrast to a mail order pharmacy model where the prescription medication is delivered to the patient via the mail (as suggested by the name of the pharmacy model) as well as common electronic file provisions established in section 1717.1.</p> <p>To clarify that a central fill pharmacy may also serve as a mail order pharmacy, staff recommend amendment to the proposed regulation text to explicitly highlight the potential for a pharmacy to operate under both pharmacy business models. Board staff recommend addition of the following text:</p> <p><b><u>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 under the provisions of a common electronic file as established in section 1717.1 of this Article.</u></b></p>
2	1707.4(a)	Albertsons, TechNet, Walgreens, California Retailers	<p>The definition of a central fill pharmacy in Section 1707.4(a) limits the operational model to only allow a filled prescription to be sent back to the originating pharmacy. Central fill pharmacies should have the option to</p>	<p>See response to comment 1.</p>

		Association, California Community Pharmacy Coalition	<p>dispense and deliver direct to patients. Many patients request that prescriptions be delivered for convenience or because of limited ability to physically come into a pharmacy. Patients that prefer delivery of prescriptions should not be penalized with having to wait longer to have their prescriptions dispensed due to a requirement that filled prescriptions be first sent back to the originating pharmacy. We ask that the board consider a more flexible definition that accounts for patients' dispensing preferences. We request that the Board modify Section 1707.4(a) as follows:</p> <p>(Recommended change in <i>red italics</i>)</p> <p>"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 <del>another pharmacy to dispense to the patient</del> dispensing direct to patient or the originating pharmacy."</p>	
3	1707.4(a), (b)	Cardinal Health	<p>The proposed rule prevents California central fill pharmacies from dispensing a prescription directly to the patient, which reduces the efficiency of central fill operations and limits patient access and convenience. Specifically, the proposed rule requires a central fill pharmacy to deliver a dispensed prescription back to the originating pharmacy before it may be dispensed to a patient.</p> <p>Among other things, requiring the central fill pharmacy to always return the dispensed prescription to the originating pharmacy for patient pickup delays access to medication</p>	See response to comment 1.

and presents challenges for patients with mobility concerns or those patients living in more rural areas or in pharmacy deserts, which can negatively impact adherence and continuity of care.

Moreover, requiring the prescription to be returned to the originating pharmacy, without any flexibility, increases operational complexity and reduces the efficiency of central fill operations, which are known to free pharmacy staff from repetitive tasks and allow them to focus directly on the patient and clinical care.

(Recommended change in *red italics*)

*(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 numerous other state boards of pharmacy that recognize the benefits of direct dispensing to patients in a central fill arrangement.

• Oregon: Or. Admin. Code § 855-041-3035(1) "A central fill pharmacy may

			<p>deliver or mail medications to the primary pharmacy or patient. . . ."</p> <ul style="list-style-type: none"> <li>• Arizona: Ariz. Admin. Code § R4-23-621(C)(2) (Requiring certain additional information to appear on the prescription container if an order is delivered directly to the patient by the filling pharmacy).</li> <li>• 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).</li> <li>• Colorado: 3 Colo. Code Regs. 719-1-20.00.90(c) &amp; 20.01.00(a)(2)(iv) (Describing the requirements of the fulfillment and originating pharmacies when the prescription is delivered directly to the patient).</li> </ul>	
4	1707.4(b)	Express Scripts / Accredo, Refined Health Solutions	<p>The commenter believes that, as written, the rule exceeds the Board's goal of providing clarification and moves toward imposing restrictions that could lead to access issues and delays for patients and disruption of pharmacy practice for California-licensed pharmacies. Specifically, the amendments requiring the "<i>originating pharmacy</i>" to "<i>dispense to the patient</i>" create a barrier for pharmacies that deliver centrally filled prescriptions directly to their patients. The commenter does not believe this limitation is in line with the standard of care for central fill pharmacy practice, and thinks the recommended change provides the clarity needed to allow for both existing and innovative practice models to serve patients' needs, while addressing the Board's goals and accounting for Federal controlled substance requirements.</p>	See response to comment 1.



			<p>(Recommended change in red <del>strikeout</del>)</p> <p>(b) <u>For the purposes of this section, the originating pharmacy is defined as the pharmacy that received the patient's initial prescription <del>and dispenses the medication to the patient.</del></u></p>	
5	1707.4(b)	CVS Health	<p>The proposed definition of "central fill pharmacy" focuses on one subset of central fill operations: a community pharmacy model whereby the central fill pharmacy returns filled prescriptions to an originating pharmacy for dispensing. This proposed language does not recognize existing, successful, and safe central fill operations often conducted for mail order, specialty, and managed care pharmacies, whereby the central fill pharmacy delivers the filled prescription directly to the patient (and not back to the originating pharmacy).</p> <p>Allowing central fill pharmacies to dispense directly to patients, whether through delivery to the originating pharmacy, the patient's home or another preferred location provides flexibility and convenience that improves adherence and access to care. These options ensure patients can receive medication in the manner that best meets their health needs, reducing barriers and supporting timely treatment.</p> <p>(Recommended change in red <i>italics</i>)</p> <p>(b) <u>For the purposes of this section, the originating pharmacy is defined as the pharmacy that received the patient's initial prescription and <i>requests that a central fill pharmacy prepare and package the</i></u></p>	See response to comment 1.

			<u>prescription. dispenses the medication to the patient.</u>	
6	1707.4(c) (Misidentified as (b)(1) in the comments)	Walgreens, California Retailers Association, California Community Pharmacy Coalition	<p>Walgreens respectfully requests the California State Board of Pharmacy allow central fill pharmacies licensed by the Board and located in other states to process refill requests for prescriptions received by California pharmacies.</p> <p>(Recommended change in <b>red italics</b>)</p> <p>(b)(1) A <u>central fill pharmacy that is licensed by the Board</u>, located in California <u>or another state, and ships prescriptions into California and licensed by the Board</u> may process a request for <del>refill of a</del> prescription <u>medication</u> received by <del>another pharmacy within this state</del>, provided:</p> <p>California spans 163,696 square miles and serves nearly 40 million residents. Delivering prescriptions from one California site to distant regions can result in longer transit times than leveraging strategically located facilities in neighboring states such as Nevada or Arizona. Allowing licensed out-of-state central fill pharmacies would:</p> <ul style="list-style-type: none"> <li>• Reduce delivery times for rural and remote areas</li> <li>• Enhance reliability and continuity of care</li> <li>• Support equitable access without compromising safety</li> </ul> <p>Further, Specialty Limited Distribution Drugs (LDDs) are available exclusively through a limited network of pharmacies authorized by the manufacturer. Allowing a non-resident central fill pharmacy to dispense these medications in situations that improve patient access enhances the efficiency of</p>	<p>Board staff have reviewed comments 6 through 9 and do not recommend a change based on these comments.</p> <p>Board staff note that in a central fill model, the prescription is both received by and dispensed to the patient by the originating pharmacy. To avoid any potential delays in therapy, 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.</p>

			<p>distribution of these critical therapies by utilizing an established infrastructure capable of providing timely and compliant pharmacy services.</p> <p>We believe that based upon these reasons, the ability for a central fill pharmacy to be located in a neighboring state, providing prescription services into California, can offer faster delivery especially in those hard-to-reach areas of the state, without compromising compliance or patient safety – provided proper regulatory safeguards are in place, which is required of any California licensed pharmacy. Further with the passage of this session's AB1503, it strengthens the Board's jurisdiction over nonresident pharmacies, requiring California-licensed PICs, inspection provisions, and increased penalties for violations—addressing prior concerns about oversight.</p>	
7	1707.4(c)	Express Scripts / Accredo, Refined Health Solutions, Albertsons, TechNet, Walmart, CVS Health, National Association of Chain Drug Stores	<p>The commenter seeks clarification for subdivision (c), which appears to restrict the provision of central fill pharmacy service to pharmacies within California. If the intent of the Board is for the rule to apply only to pharmacies located in California, the commenter believes clarity is necessary to allow California-based pharmacies to continue to use California-licensed nonresident pharmacies for central fill services to the continued benefit of both California patients and California pharmacies.</p> <p>California's growing pharmacy access challenges—including the spread of pharmacy deserts and recurring natural disasters that interrupt traditional care</p>	See response to comment 6.

			<p>central fill an essential component of the state's medication-delivery infrastructure. This model ensures continuity of care for individuals who frequently face barriers to service, such as residents of rural and underserved communities or those displaced during emergencies. The proposed amendments threaten to remove this critical safety net at a time when reliable access is already strained.</p> <p>(Recommended change in red strikeout)</p> <p>(c) A <u>central fill pharmacy</u> <del>located in California and</del> licensed by the Board may process a request for <del>refill of a</del> <u>prescription medication</u> received by <u>another</u> pharmacy <del>within this state</del>, provided:</p>	
8	1707.4(c)	PPS (Kroger Co.)	<p>Pharmacy closures in California and across the country, coupled with ongoing staffing shortages, have placed significant strain on retail pharmacies, many of which are not equipped to absorb the resulting increase in workload. This additional pressure can lead to delays in patient services and contribute to heightened stress among already overextended pharmacy staff. Access to central fill services can help alleviate this burden and mitigate potential gaps in patient care. Restricting central fill operations solely to California-based facilities would limit pharmacies' ability to ensure timely and uninterrupted services, particularly in cases where a pharmacy has access to a California-licensed, nonresident central fill pharmacy but no comparable in-state option.</p> <p>Nonresident pharmacies currently providing pharmaceutical services to California patients are already required to be licensed by the California Board of Pharmacy and to comply</p>	See response to comment 6.

			with all applicable California laws and regulations, including prescription labeling requirements. For this reason, we respectfully urge the Board to reconsider excluding California-licensed nonresident pharmacies from providing central fill services to pharmacies within the state.	
9	1707.4(c)	Alliance for Pharmacy Compounding, National Community Pharmacists Association	<p>As written, the proposed amendment to § 1707.4 defines a central fill pharmacy as a pharmacy "operated within California" and "licensed by the Board." This would categorically bar nonresident pharmacies, despite their statutory authority under § 4112, from acting as a central fill provider. This creates a few problems:</p> <ul style="list-style-type: none"> <li>• It carves out one specific pharmacy function (central fill) and limits it to in-state facilities even though the statute does not make that distinction.</li> <li>• It puts nonresident pharmacies at a competitive disadvantage by preventing them from offering services they are otherwise licensed to provide.</li> <li>• It creates an uneven playing field where California pharmacies may contract with one another for central fill, but are prohibited from contracting with equally qualified, licensed out-of-state pharmacies.</li> <li>• It will disrupt existing business relationships, logistics systems, and service models that California pharmacies already rely on.</li> <li>• It will interfere with patient access to necessary medications that may best be provided by nonresident pharmacies.</li> </ul> <p>The proposed rule is facially discriminatory against nonresident pharmacies since it explicitly favors local pharmacies over nonresident pharmacies even though the</p>	See response to comment 6.

			nonresident pharmacies are licensed to dispense compounded drugs to California patients. Unless the proposed rule is amended to afford nonresident pharmacies the same opportunity to provide central fill services as local pharmacies, the rule would surely be held unconstitutional, as it would be in clear violation the dormant Commerce Clause of the U.S. Constitution.	
10	1707.4(c)(2)(B)	Express Scripts / Accredo, Refined Health Solutions	<p>The commenter believes that, as written, the rule exceeds the Board's goal of providing clarification and moves toward imposing restrictions that could lead to access issues and delays for patients and disruption of pharmacy practice for California-licensed pharmacies. Specifically, the amendments requiring the "originating pharmacy" to "dispense to the patient" create a barrier for pharmacies that deliver centrally filled prescriptions directly to their patients. The commenter does not believe this limitation is in line with the standard of care for central fill pharmacy practice, and thinks the recommended change provides the clarity needed to allow for both existing and innovative practice models to serve patients' needs, while addressing the Board's goals and accounting for Federal controlled substance requirements.</p> <p>(Recommended change in <i>red italics</i>)</p> <p>(c)(2) The prescription container: (B) <u>as applicable</u>, clearly shows the name and address of the pharmacy <del>refilling the prescription medication and/or</del> the name and address of the pharmacy which receives the <del>refilled prescription medication to dispense to the patient</del>. Nothing in this subsection should</p>	<p>Board staff have reviewed the comment and recommend a change based on the comment.</p> <p>As both "central fill pharmacy" and "originating pharmacy" are defined within the language, board staff recommend that the proposed text be amended to use both terms for clarity. Board staff recommend the following text modifications:</p> <p>(c)(2) The prescription container: (B) <u>as applicable</u>, clearly shows the name and address of the <u>central fill</u> pharmacy <del>refilling the prescription medication and/or</del> the name and address of the <u>originating</u> pharmacy <del>which receives the refilled medication to dispense to the patient</del>. <u>Nothing in this subsection should be interpreted as preventing inclusion of the name and address of both pharmacies.</u></p>

			be interpreted as preventing inclusion of the name and address of both pharmacies.	
11	1707.4(c)(3)	Express Scripts / Accredo, Refined Health Solutions, TechNet	<p>The commenter recommends that the Board advance the use of technology and allow for patients to receive information electronically or digitally.</p> <p>(Recommended change in <i>red italics</i>)</p> <p>(c)(3) The patient is provided with written <i>or electronic</i> information <u>indicating that the prescription was filled at a central fill pharmacy, and written <i>or electronic</i></u></p> <p>_____</p> <p>with the prescription container, that describes which pharmacy to contact if the patient has any questions about the prescription or medication.</p>	<p>Board staff have reviewed this comment and do recommend a change based on the comment.</p> <p>Board staff note that it is important for a patient to have a clear understanding of which pharmacy is filling the prescription medications. Staff believe this can be conveyed either in writing (via paper) or via an electronic means. Staff believe, based on the comment, that the intent may not be clear. As such, Board staff recommend the following text change:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>(3) The patient is provided with written information indicating that the prescription was filled at a central fill pharmacy, and written <i>or electronic</i> information, either on the prescription label or with the prescription container, that describes which pharmacy to contact if the patient has any questions about the prescription or medication.</p> </div>
12	1707.4(c)(3)	Albertsons, California Retailers Association, California Community Pharmacy Coalition	<p>We agree with the Board that patients should be provided notice that prescriptions may be filled at a central fill pharmacy, however we suggest that the Board consider modifying Section 1707.4(c)(3) to allow for either a posted notice or one-time written notice. Posting of a notice is consistent with how other required consumer notices are provided to patients (Business &amp; Professions Code Section 4122) and reduces the administrative burden on pharmacies while preventing unnecessary delays in prescription filling for patients.</p>	<p>Board staff have reviewed this comment and do not recommend a change based on the comment.</p> <p>Board staff note that the Board had prior policy discussions on this topic and determined that the patient should know where their medication was filled. Board staff do not agree that a one-time notice or a posted sign is sufficient to ensure that the patient is aware of whether their medication was filled by another pharmacy. However, as indicated in the response to comment 11, Board staff is recommending clarifying language to allow for the notice to be provided to the patient by electronic means.</p>

			<p>Further modification to 1707.4(c)(3) is recommended to ensure that patients have clear directions about who to contact if there are questions about the prescription. If a prescription is filled by the central fill pharmacy and provided back to the originating pharmacy for dispensing, there should not be any additional requirement about who to contact since prescription is being dispensed from the originating pharmacy like any other prescription. For prescriptions that are filled by a central filled pharmacy and dispensed or delivered directly to a patient, we support the Board's intent to require written information being provided to the patient about the pharmacy to contact with questions. This requirement is also in place in many other states' central fill pharmacy rules. We propose that the Board consider new language for 1707.4(c)(3):</p> <p>(Recommended change in <i>red italics</i>)</p> <p><i>"The patient is provided with notice that prescriptions may be filled by a central fill pharmacy via a posted sign or onetime written notification by the originating pharmacy.</i></p> <p><i>Prescriptions dispensed directly to patients by a central fill pharmacy must provide written information, either on the prescription label or with the prescription container, indicating the pharmacy to contact if the patient has questions about the prescription or medication."</i></p>	
13	1707.4(c)(4)	Walgreens, California Retailers	Walgreens respectfully requests the use of unique identifiers to represent the dispensing pharmacist, the pharmacy	recommend a change based on the comment. A unique



		Association, California Community Pharmacy Coalition	<p>that filled the prescription, and the pharmacy that received the prescription.</p> <p>(Recommended change in <i>red italics</i>)</p> <ol style="list-style-type: none"> <li>1. the name <i>or unique identifier</i> of the</li> <li>2. the name <i>or unique identifier</i> of the</li> <li>3. the name <i>or unique identifier</i> of the pharmacy that received the</li> </ol> <p>This aligns with other state requirements, reduces administrative burden, and supports accurate recordkeeping without costly system changes.</p>	<p>pharmacist and pharmacy that filled and/or received the prescription. Additionally, Board staff note that, for</p> <p>unique identifiers makes it challenging to identify those involved should errors occur without repeatedly cross-referencing additional resources that are not always readily available.</p>
14	1707.4(c)(5)	Express Scripts / Accredo, Refined Health Solutions	<p>The commenter commends the Board for allowing pharmacists to “<i>perform final product verification prior to dispensing, including through review of images of the final product</i>” and suggests there are opportunities for the Board to further advance the use of technology for patient care by removing the reference to originating pharmacies in 1707.4(c)(5).</p> <p>(Recommended change in <i>red italics</i>)</p> <p>(c)(5) The pharmacy which <del>refills</del> the prescription and the pharmacy <del>to which</del> receives the <del>refilled</del> prescription is <del>provided for</del> dispensing to the patient shall each be responsible for ensuring the order has been properly filled. Pharmacists <del>working at the originating pharmacy</del> may perform final product verification prior to dispensing, including through review of images of the final</p>	<p>Board staff have reviewed this comment and recommend a change to the text based on the comment, as the Board’s intent is to ensure that a final verification <i>is completed</i> before the medication goes to the patient. Board staff recommend the following text changes:</p> <p>(c)(5) The pharmacy which <del>refills</del> the prescription and the pharmacy <del>to which</del> receives the <del>refilled</del> prescription is <del>provided</del> for dispensing to the patient shall each be responsible for ensuring the order has been properly filled. Pharmacists <del>working at the originating pharmacy</del> may perform final product verification <del>prior to dispensing, including</del> through review of images of the final product in lieu of physical visual verification. A pharmacist shall <del>not be required to perform final product verification where product verification by a pharmacist is performed at the 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</del></p>

			<p><u>product in lieu of physical visual verification. A pharmacist shall not be required to perform final product verification where product verification by a pharmacist is performed at the 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).</u></p>	<p><u>labeled container (with a label that meets the requirements set forth in section 1707.5 of this Article).</u></p>
15	1707.4(c)(5)	Albertsons, California Retailers Association, California Community Pharmacy Coalition	<p>Finally, we believe the Board's intent in the first sentence of Section 1707.4(c)(5) is to ensure accountability by both central fill and originating pharmacies, and we support that. We request a minor modification to be very clear that each pharmacy is responsible for their specific roles in the prescription filling and dispensing process. We ask that the Board consider modifying the first sentence of Section 1707.4(c)(5) as follows:</p> <p>(Recommended change in <i>red italics</i>)</p> <p><i>"The originating and central fill pharmacies are responsible for their specific roles in ensuring prescriptions are properly filled and dispensed."</i></p>	<p>Board staff have reviewed the comment and do not recommend a change based on the comment. Board staff note that the language, as recommended by the commenters, lacks clarity and is likely to cause confusion. Board staff further note that both the originating and central fill pharmacy are jointly responsible for compliance.</p>
16	1707.4(c)(5)	Walmart, National Association of Chain Drug Stores	<p>We respectfully request revision of the proposed regulation to remove any requirement of final product verification at the originating pharmacy. When a prescription is filled at a central fill pharmacy, verification occurs there, under strict parameters to protect patient safety-not at the originating pharmacy. No additional (and duplicative) product verification should be required.</p>	<p>See response to comment 14.</p>

			Your implementation of this request will help maintain efficiencies, which are beneficial to patients, while removing any additional, unnecessary steps from the process.	
17	1707.4(c)(4), (5), (6)	CVS Health	<p>The primary benefit of a central fill arrangement is for the central fill pharmacy to assume responsibility for verifying the accuracy of the medication filled. As proposed, (c)(5) requires both the central fill pharmacy and the originating pharmacy to ensure that "the order has been properly filled", which negates this benefit. CVS Health is aware of no other state that requires this dual check.</p> <p>CVS Health supports customary shared service methodology which mandates that the person and pharmacy they are associated with are responsible for each individual action they perform. To ensure accountability, thirty-six states require an "audit trail" for central fill arrangements, mandating compliant record keeping of all tasks performed throughout the processing and filling of a prescription.</p> <p>Section 1707.4(c)(6) only addresses three actions (counseling, DUR, and patient profiles) and assigns responsibility to the originating pharmacy, which is inconsistent with share service methodology. For example, section 1707.4(c)(2)(B) allows a pharmacy to print only the central fill pharmacy phone number on the prescription label, leading to customers calling the central fill pharmacy to obtain counseling, yet the originating pharmacy remains responsible for counseling compliance.</p>	<p>See responses to comments 14 and 15.</p> <p>Additionally, with respect to the recommendation for (c)(6), Board staff have reviewed this comment and do not recommend a change based on the comment. Board staff note that the originating pharmacy is providing the direct patient care and therefore must be responsible. Board staff believe it may be helpful for the commenter to review the proposed recommended change in 1707.4(e).</p>

To avoid these inconsistencies, CVS Health recommends striking most of section 1707.4(c) (4), (5), and (6) and replacing them with language commonly used in states that require audit trails.

(Recommended change in *red italics*)

(4) Both pharmacies maintain *and be responsible for* complete and accurate records *tracking who performed each step of the processing, filling, and dispensing procedures at or for their pharmacy* of the refill, *including:*

- the name of the pharmacist who *re*filled the prescription
- the name of the pharmacy *re*filling the prescription; and
- the name of the pharmacy that received the *prescription refill request*.

(5) *The pharmacy which refills the prescription and the pharmacy to which receives the refilled prescription is provided for dispensing to the patient shall each be responsible for ensuring the order has been properly filled.*

Pharmacists working at the originating pharmacy may perform final product verification prior to dispensing, including through review of images of the final product in lieu of physical visual verification. A pharmacist shall not be required to perform final product verification where product verification by a pharmacist is performed at the 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).

			<i>(6) The originating pharmacy is responsible for compliance with the requirements set forth in Sections 1707.1, 1707.2, and 1707.3 of the California Code of Regulations.</i>	
18	1707.4(d) (New)	Express Scripts / Accredo, Refined Health Solutions	<p>Commenter recommends language to provide the clarity needed to allow for both existing and innovative practice models to serve patients' needs, while addressing the Board's goals and accounting for Federal controlled substance requirements.</p> <p>(Recommended change in <i>red italics</i>)</p> <p><i><u>(d) For controlled substances: To the extent permitted by Federal law, a central fill pharmacy licensed by the Board may process a request for prescription medication received by another pharmacy as set forth in this rule.</u></i></p>	<p>Board staff have reviewed this comment and recommend a change based on the comment. Board staff believe it is prudent to defer to federal law specifically related to controlled substances for central fill pharmacies. Board staff recommend addition of the following text:</p> <p><u>(d) For controlled substances: To the extent permitted by Federal law, a central fill pharmacy may process a request for prescription medication received by another pharmacy.</u></p>
19	General Comment	Cardinal Health	The proposed rule makes clear that the central fill pharmacy must be located in California to serve California patients via a central fill arrangement, the rule does not clarify whether a California-based central fill pharmacy is prohibited from serving patients in other states, either via mail order or by shipping the dispensed prescription back to an originating pharmacy outside of California. We respectfully request that the Board clarify that California-based central fill pharmacies located in California are not prohibited from serving patients in other states if those states permit central fill operations.	<p>Board staff have reviewed the comment and do not recommend a change based on the comment.</p> <p>Board staff refer the commenter to other jurisdictions for the allowances of central fill pharmacies.</p>
20	General Comment	Express Scripts/Accredo	Express Scripts/Accredo requests that the Board consider sending the proposed rule back to committee for further review and discussion, including industry stakeholders.	Board staff have reviewed this comment and do not recommend a change based on the comment. Board staff note that industry stakeholders provided presentations to the Board's Licensing committee and the Board had eight public meetings between October 2023 and July 2024, during which public discussion was

				held and the public was provided an opportunity to engage with the Licensing Committee and the Board.
<b>21</b>	General Comment	Refined Health Solutions, California Retailers Association, California Community Pharmacy Coalition	Commenter requests that the Board provide ample lead time for compliance with the significant changes to the central fill requirements.	California Government Code section 11343.4 specifies that regulatory changes shall become effective on the first of the quarter following filing of the approved regulation with the Secretary of State. In lieu of this effective date, the Board can: (1) elect to establish an alternative effective date by amending the regulation language to include an effective date, or (2) request a different effective date upon filing with the Office of Administrative Law.
<b>22</b>	General Comment	CVS Health	We urge the Board to adopt our proposed revisions; as well as issue guidance clarifying that section 1717.1-Common Electronic Files is the applicable regulation authorizing central processing activities.	Board staff have reviewed this comment and do not recommend a change based solely on the comment; however, note the staff recommended change reflected in its response to comment 1 reflects the Board's policy.
<b>23</b>	General Comment	Alliance for Pharmacy Compounding, National Community Pharmacists Association	<p>The Notice of Proposed Action states that the Board does not anticipate a significant economic impact. But limiting central fill to California-based pharmacies will necessarily shift business away from nonresident pharmacies and may force originating pharmacies to replace long-standing relationships with potentially higher-cost or less-specialized in-state facilities. That is both a competitive and logistical burden that should be acknowledged.</p> <p>A more balanced approach would allow nonresident pharmacies to act as central fill providers so long as they meet the same expectations that apply to resident pharmacies for:</p> <ul style="list-style-type: none"> <li>• product verification,</li> <li>• quality assurance,</li> <li>• inspection availability, and</li> <li>• communication with originating pharmacies.</li> </ul>	Board staff have reviewed the comment and do not recommend any change to the economic impact statement. Staff note the Board is not aware of any pharmacies that use a central fill pharmacy (as currently defined in the Board's existing regulation) that is located outside of California. The Board also notes that it did not receive comments during the public discussion during the development of this rulemaking (prior to the 45-day comment period) that such a practice occurred. Additional information about the efforts undertaken by the Board before initiating the formal rulemaking are included in the Initial Statement of Reasons as underlying data.

**DEPARTMENT OF CONSUMER AFFAIRS  
Title 16. Board of Pharmacy**

**MODIFIED REGULATORY LANGUAGE  
Central Fill Pharmacies**

Proposed changes to the current regulation language are shown by ~~strikethrough~~ for deleted language and underline for added language.

Modified text changes to the proposed language are shown by ~~double-strikethrough~~ for deleted language and double underline for added language.

**Amend Section 1707.4 of Article 2 of Division 17 of Title 16 of the California Code of Regulations to read as follows:**

§ 1707.4. Procedures for ~~Refill~~ Central Fill 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.
- (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:
  - (1) The pharmacy that is to ~~refill the prescription medication~~ either has a contract with the pharmacy which received the prescription or has the same owner as the other pharmacy.
  - (2) The prescription container:
    - (A) is clearly labeled with all information required by ~~Sections~~ Sections 4076 and 4076.5 of the Business and Professions Code; and
    - (B) as applicable, clearly shows the name and address of the central fill pharmacy refilling the prescription medication and/or the name and address of the originating pharmacy which receives the refilled prescription medication to dispense to the patient. Nothing in this subsection should be interpreted as preventing inclusion of the name and address of both pharmacies.
  - (3) The patient is provided with written information indicating that the prescription was filled at a central fill pharmacy, and written or electronic information, either on the prescription label or with the prescription container, 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~~, including:
    - (A) the name of the pharmacist who ~~refilled~~ the prescription;
    - (B) the name of the pharmacy ~~refilling~~ the prescription; and
    - (C) the name of the pharmacy that received the prescription refill request.

- (5) The pharmacy which ~~refills~~ the prescription and the pharmacy to which receives the ~~refilled~~ prescription is ~~provided~~ for dispensing to the patient shall each be responsible for ensuring the order has been properly filled. Pharmacists working at the originating pharmacy may perform final product verification prior to dispensing, including through review of images of the final product in lieu of physical visual verification. A pharmacist shall not be required to perform final product verification where product verification by a pharmacist is performed at the 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).
- (6) The originating pharmacy is responsible for compliance with the requirements set forth in ~~S~~sections 1707.1, 1707.2, and 1707.3 of the California Code of Regulations.
- (d) For controlled substances: To the extent permitted by Federal law, a central fill pharmacy may process a request for prescription medication received by another pharmacy.
- ~~(b) Nothing in this section shall be construed as barring a pharmacy from also filling new prescriptions presented by a patient or a patient's agent or transmitted to it by a prescriber.~~
- (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 under the common electronic file provisions established in section 1717.1 of this Article.

NOTE: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4063, 4076, 4076.5, 4081, and 4333, Business and Professions Code.





December 1, 2025

**Via Electronic Mail**

Lori Martinez  
Board of Pharmacy  
2720 Gateway Oaks Drive  
Ste. 100  
Sacramento, CA 95833  
[PharmacyRulemaking@dca.ca.gov](mailto:PharmacyRulemaking@dca.ca.gov)

**Re:** Comments Related CCR 1707.4 Procedures for Central Fill Pharmacies

Dear Executive Officer Sodergren and Members of the California State Board of Pharmacy:

I am writing this letter on behalf of Express Scripts, Inc., and ESI Mail Pharmacy Service Inc. (collectively "Express Scripts", and Accredo Health Group, Inc. ("Accredo") (referred to collectively in this letter as "Express Scripts/Accredo") in response to the Notice of Proposed Regulatory Action Concerning: Central Fill Pharmacies.

**Background**

Express Scripts/Accredo operate both traditional mail order and specialty pharmacies located both inside and outside the state of California and dispense prescription medications to patients located in California. Combined, the Express Scripts/Accredo pharmacies employ 1,950 pharmacists and 2,000 pharmacy technicians who are responsible for ensuring that prescription medications are dispensed appropriately and safely to its patients, including patients residing in California.

Express Scripts/Accredo understand and appreciate that the role of the California Board of Pharmacy is to protect the health and welfare of California residents. We also welcome the Board's efforts to draft a regulation to update the provisions for central fill pharmacies, a practice that is prevalent and lawful across the country. However, we respectfully request clarification with parts of the proposed regulation that appear to impose barriers and/or restrictions on California-licensed pharmacies and offer the following recommendations for your consideration.

**Recommendations**

Express Scripts/Accredo requests that the Board amend the proposed rule as follows and consider sending it back to committee for further review and discussion, including industry stakeholders. We also believe these changes provide clarity to pharmacies and pharmacy personnel to best serve our patients.



As written, § 1707.4. Procedures for Central Fill Pharmacies exceeds the Board’s goal of providing clarification and moves toward imposing restrictions that could lead to access issues and delays for patients and disruption of pharmacy practice for California-licensed pharmacies. Specifically, language throughout the amendments requiring the “*originating pharmacy*” to “*dispense to the patient*” creates a barrier for those pharmacies delivering centrally filled prescriptions directly to their patients. We do not feel this limitation is in line with the standard of care for central fill pharmacy practice, and believe our recommended language provides the clarity needed to allow for both existing and innovative practice models to serve patients’ needs, while addressing the Board’s goals and accounting for Federal controlled substance requirements.

Additionally, Express Scripts/Accredo seeks clarification of § 1707.4(c) which appears to restrict the provision of central fill pharmacy service to pharmacies within California. If the intent of the Board is for the rule to apply only to pharmacies located in California, we believe clarity is necessary to allow California-based pharmacies to continue to use California-licensed nonresident pharmacies for central fill services to the continued benefit of both California patients and California pharmacies.

Lastly, Express Scripts/Accredo commends the Board for allowing pharmacists to “*perform final product verification prior to dispensing, including through review of images of the final product*” and suggests there are opportunities for the Board to further advance the use of technology for patient care by removing the reference to originating pharmacies in § 1707.4(c)(5), as well as, allowing patients to receive information electronically or digitally in § 1707.4(c)(3).

#### § 1707.4. Procedures for ~~Refill~~ Central Fill 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 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.~~

(c) (2) The prescription container:

(B) as applicable, clearly shows the name and address of the pharmacy ~~refilling the pre-~~ ~~scription medication~~ ~~and/or the name and address of the pharmacy which receives the re-~~ ~~filled prescription medication to dispense to the patient.~~ Nothing in this subsection should be interpreted as preventing inclusion of the name and address of both pharmacies.

(c) (3) The patient is provided with written or electronic information indicating that the prescription was filled at a central fill pharmacy, and written or electronic information, either on the prescription label or with the prescription container, that describes which pharmacy to contact if the patient has any questions about the prescription or medication.



(c) (5) The pharmacy which refills the prescription and the pharmacy to which receives the refilled prescription ~~is provided for dispensing to the patient~~ shall each be responsible for ensuring the order has been properly filled. Pharmacists working at the originating pharmacy may perform final product verification prior to dispensing, including through review of images of the final product in lieu of physical visual verification. A pharmacist shall not be required to perform final product verification where product verification by a pharmacist is performed at the 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).

(d) For controlled substances: To the extent permitted by Federal law, a central fill pharmacy licensed by the Board may process a request for prescription medication received by another pharmacy as set forth in this rule.

Thank you for the opportunity to comment on **16 CCR § 1707.4 - Central Fill Pharmacy Operations**. Please feel free to contact me if you have any questions related to the comments. We look forward to working with the California Board of Pharmacy on this rulemaking.

Sincerely,

Brad Hamilton, BScPharm, R.Ph.  
Principal, Pharmacy Regulatory Affairs  
[Brad.Hamilton@evernorth.com](mailto:Brad.Hamilton@evernorth.com)  
207-310-9442



November 26, 2025

Lori Martinez  
California State Board of Pharmacy  
2720 Gateway Oaks Drive, Ste 100  
Sacramento, CA 95834

**Re: Proposed Regulatory Action Concerning Central Fill Pharmacies**

Ms. Martinez,

The Kroger Co. appreciates the opportunity to submit comments regarding the California Board of Pharmacy's proposed amendments to Section 1707.4 of Title 16, Division 17, Article 2 of the California Code of Regulations, which would require central fill pharmacies to be located within the State of California.

Pharmacy closures in California and across the country, coupled with ongoing staffing shortages, have placed significant strain on retail pharmacies, many of which are not equipped to absorb the resulting increase in workload. This additional pressure can lead to delays in patient services and contribute to heightened stress among already overextended pharmacy staff. Access to central fill services can help alleviate this burden and mitigate potential gaps in patient care. Restricting central fill operations solely to California-based facilities would limit pharmacies' ability to ensure timely and uninterrupted services, particularly in cases where a pharmacy has access to a California-licensed, nonresident central fill pharmacy but no comparable in-state option.

Nonresident pharmacies currently providing pharmaceutical services to California patients are already required to be licensed by the California Board of Pharmacy and to comply with all applicable California laws and regulations, including prescription labeling requirements. For this reason, we respectfully urge the Board to reconsider excluding California-licensed nonresident pharmacies from providing central fill services to pharmacies within the state.

In conclusion, The Kroger Co. stands ready to work with the Board to address its concerns on this and other issues in a manner that best supports pharmacies, pharmacists, and the patients they serve.

Sincerely,



Camille Tackett Pharm.D, RPh.  
Pharmacy Manager  
Postal Prescription Services  
3500 SE 26<sup>th</sup> Ave.  
Portland, OR 97202  
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December 1, 2025

California State Board of Pharmacy  
Attn: Lori Martinez  
2720 Gateway Oaks Drive, Suite 100  
Sacramento, CA 95833

Re: 16 CCR § 1707.4 - Central Fill Proposed Regulations

Dear Honorable Members of the California State Board of Pharmacy,

We appreciate the Board's ongoing leadership in clarifying statutes and regulations governing pharmacy practice in California. This commitment to patient safety and thoughtful adaptation to evolving healthcare delivery models is commendable, and we recognize the critical role these regulations play in protecting consumers.

However, we are concerned that the proposed amendments to 16 CCR § 1707.4 may unintentionally restrict patient access to medications and undermine innovative pharmacy models that are vital to addressing California's pharmacy desert challenges. Centralized dispensing also plays an essential role in meeting escalating demands on healthcare staff by streamlining workflows, specializing responsibilities, and supporting quality in prescription dispensing.

While we value the Board's focus on regulatory clarity, the proposed rule appears to extend beyond clarification and instead introduces new restrictions that could impair patients' timely access to medications and disadvantage California-licensed pharmacies operating under this model. Specifically, the proposed definitions of "central fill pharmacy" and "originating pharmacy" seem to exclude direct-to-patient central fill models, adding unnecessary workflow steps that delay medication delivery and consume pharmacist and technician time. Meanwhile, California-licensed pharmacies not operating as central fill would still retain the ability to ship prescriptions directly to patients, resulting in unequal standards of care.

California's growing pharmacy access challenges—including the spread of pharmacy deserts and recurring natural disasters that interrupt traditional care pathways—have made direct-to-patient central fill an essential component of the state's medication-delivery

infrastructure. This model ensures continuity of care for individuals who frequently face barriers to service, such as residents of rural and underserved communities or those displaced during emergencies. The proposed amendments threaten to remove this critical safety net at a time when reliable access is already strained.

We also wish to acknowledge the Board's recognition of technology-assisted product verification. These verification tools are well established nationwide and have consistently enhanced dispensing accuracy and operational efficiency.

In light of the concerns outlined above, we are recommending revisions that would help maintain patient access while still giving the Board the clarity it seeks. We believe these adjustments would prevent unintended disruptions to care for California patients.

#### **Recommendations for Language Revisions:**

§ 1707.4. Procedures for ~~Refill~~ Central Fill 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 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.~~

(c) A central fill pharmacy ~~located in California and~~ licensed by the ~~B~~board may process a request for ~~refill of a~~ prescription medication received by a another pharmacy ~~within this state,~~ provided:

(2) The prescription container:

(B) as applicable, clearly shows the name and address of the pharmacy ~~refilling the prescription medication~~ and/or the name and address of the pharmacy which receives the refilled ~~prescription medication to dispense to the patient.~~ Nothing in this subsection should be interpreted as preventing inclusion of the name and address of both pharmacies.

(3) The patient is provided with written ~~or electronic~~ information indicating that the prescription was filled at a central fill pharmacy, and written ~~or electronic~~ information, either on the prescription label or with the prescription container, that describes which

pharmacy to contact if the patient has any questions about the prescription or medication.

(5) The pharmacy which refills the prescription and the pharmacy to which receives the refilled prescription ~~is provided for dispensing to the patient~~ shall each be responsible for ensuring the order has been properly filled. Pharmacists working at the originating pharmacy may perform final product verification prior to dispensing, including through review of images of the final product in lieu of physical visual verification. A pharmacist shall not be required to perform final product verification where product verification by a pharmacist is performed at the 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).

(d) For controlled substances: To the extent permitted by Federal law, a central fill pharmacy licensed by the Board may process a request for prescription medication received by another pharmacy as set forth in this rule.

## Conclusion

We respectfully encourage the Board to refine the proposed language in partnership with stakeholders so that the final regulation both strengthens patient safety and preserves the tools pharmacies rely on to meet Californians' medication needs. With thoughtful adjustments, the Board can maintain robust oversight while also supporting the innovative models necessary to reach patients in pharmacy deserts and ensure timely access to essential therapies. Taking a balanced, future-oriented approach will help advance California's broader health and equity goals.

Lastly, we do respectfully request, that if the Board makes such significant changes to its central fill requirements, to give pharmacies ample lead time. This would allow pharmacies who have been operating off the current rule and guidance the ability to safely implement new systems, and if necessary transition patients from this service, in a safe manner.

Thank you for your consideration of these comments and your continued dedication to serving California consumers.

Sincerely,

Emily Haugh, PharmD  
Founder, Principal Consultant  
Refined Health Solutions  
emily@refined.health



November 24, 2025

Lori Martinez  
California Board of Pharmacy  
2720 Gateway Oaks Drive, Ste. 100  
Sacramento, CA 95833  
PharmacyRulemaking@dca.ca.gov

Dear Ms. Martinez,

I am writing on behalf of Albertsons Companies Inc. ("ACI") family of pharmacies in response to the California Board of Pharmacy's proposed language amending Title 16, California Code of Regulations (CCR), Section 1707.4, Central Fill Pharmacies. ACI currently operates 368 locations in California under the Pavilions, Safeway, Sav-On, and Vons banners. We appreciate the Board's efforts to modernize these provisions and respectfully submit the following comments for consideration.

Central fill pharmacies have been operating for more than 20 years across the United States and are consistently shown to enhance efficiency and productivity in pharmacies safely while increasing patient access to care.<sup>1,2</sup> It's projected that pharmacies will continue to face mounting pressure as the result of increased prescription volumes, workforce supply constraints and an increased need for pharmacists to practice at the top of their license to delivery patient care services.<sup>3</sup> Over the last several years the National Association of Boards of Pharmacy (NABP) has issued multiple task force reports that all recommend shared pharmacy services, which includes central fill pharmacy, as one of the solutions to help alleviate the challenges faced by pharmacies.<sup>4,5,6</sup> We appreciate the work the Board has undertaken to update regulations for Central Fill Pharmacy, however we encourage leveraging NABP's *Model Act* language for shared pharmacy services to avoid the creating unnecessary limitations and barriers to making Central Fill Pharmacy services available to California pharmacies and patients.<sup>7</sup> We request the Board consider the suggested amendments below.

#### **Section 1707.4(c)**

Section 1707.4(c) limits Central Fill Pharmacies to be in-state only. Limiting central fill pharmacy operations to in-state pharmacies appears to be inconsistent with licensure requirements. Section 4112 of the Business and Professions Code recognizes out-of-state pharmacies as nonresident pharmacies and sets forth licensure requirements. The current *Nonresident Pharmacy License Application* lists central fill as a service option to select in Section 4. Type of Pharmacy Services to Be Provided. With the recent passage of Assembly Bill 1503, there are further amendments to Section 4112 of the Business and Professions Code that add additional licensure and compliance requirements for nonresident pharmacies while providing the Board additional oversight opportunities. California-licensed nonresident pharmacies should not be excluded from the ability to operate as central fill pharmacies. We request the Board modify Section 1707.4(c) as follows:

*"A central fill pharmacy ~~located in California and~~ licensed by the Board may process a request...."*

#### **Section 1707.4(a)**

The definition of a central fill pharmacy in Section 1707.4(a) limits the operational model to only allow a filled prescription to be sent back to the originating pharmacy. Central fill pharmacies should have the option to dispense and deliver direct to patients. Many patients request that prescriptions be delivered for convenience or because of limited ability to physically come into a pharmacy. Patients that prefer delivery of prescriptions should not be penalized with having to wait longer to have their prescriptions dispensed due to a requirement that filled prescriptions be first sent back to the originating pharmacy. We ask that the board consider a more flexible definition that accounts for patients' dispensing preferences. We request that the Board modify Section 1707.4(a) as follows:

*"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~~ dispensing direct to patient or the originating pharmacy."*

#### **Section 1707.4(c)(3)**

We agree with the Board that patients should be provided notice that prescriptions may be filled at a central fill pharmacy, however we suggest that the Board consider modifying Section 1707.4(c)(3) to allow for either a posted notice or one-time written notice. Posting of a notice is consistent with how other required consumer notices are provided to patients (Business &

Professions Code Section 4122) and reduces the administrative burden on pharmacies while preventing unnecessary delays in prescription filling for patients.

Further modification to 1707.4(c)(3) is recommended to ensure that patients have clear directions about who to contact if there are questions about the prescription. If a prescription is filled by the central fill pharmacy and provided back to the originating pharmacy for dispensing, there should not be any additional requirement about who to contact since prescription is being dispensed from the originating pharmacy like any other prescription. For prescriptions that are filled by a central filled pharmacy and dispensed or delivered directly to a patient, we support the Board's intent to require written information being provided to the patient about the pharmacy to contact with questions. This requirement is also in place in many other states' central fill pharmacy rules. We propose that the Board consider new language for 1707.4(c)(3):

*"The patient is provided with notice that prescriptions may be filled by a central fill pharmacy via a posted sign or one-time written notification by the originating pharmacy."*

*Prescriptions dispensed directly to patients by a central fill pharmacy must provide written information, either on the prescription label or with the prescription container, indicating the pharmacy to contact if the patient has questions about the prescription or medication."*

#### **Section 1707.4(c)(5)**

Finally, we believe the Board's intent in the first sentence of Section 1707.4(c)(5) is to ensure accountability by both central fill and originating pharmacies, and we support that. We request a minor modification to be very clear that each pharmacy is responsible for their specific roles in the prescription filling and dispensing process. We ask that the Board consider modifying the first sentence of Section 1707.4(c)(5) as follows:

*"The originating and central fill pharmacies are responsible for their specific roles in ensuring prescriptions are properly filled and dispensed."*

We appreciate the opportunity to provide feedback on the proposed rule and look forward to continuing to partner with the Board. If there are questions or if you would like to discuss any of these recommendations further, please contact me at [Jessica.covaci@albertsons.com](mailto:Jessica.covaci@albertsons.com) or 208-954-6299.

Sincerely,

Jessica Covaci, PharmD  
Director, Pharmacy Government Affairs  
Albertsons Companies, Inc.

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December 1, 2025

Lori Martinez  
California State Board of Pharmacy  
2720 Gateway Oaks Drive, Suite 100  
Sacramento, CA 95833

**Re: TechNet Comment on Notice of Proposed Regulatory Action  
Concerning 16 CCR § 1707.4: Central Fill Pharmacies**

Dear Members of the California State Board of Pharmacy:

On behalf of TechNet and our member companies, I am writing to provide feedback on the proposed rulemaking pertaining to Central Fill Pharmacies.

We appreciate the California State Board of Pharmacy's (Board) unwavering leadership and commitment to patient safety and public health. Central fill represents a technological solution capable of enhancing efficiency and we commend the Board's efforts in proposing these amendments to update ambiguous language, thereby providing clarity regarding the requirements for central fill pharmacies. However, we respectfully share concerns that proposed amendments to 16 CCR § 1707.4 may unintentionally curb California patients' pharmacy access and stifle pharmacy innovation.

The proposed language would prohibit California-licensed central fill pharmacies from shipping directly to patients, requiring routing through an originating pharmacy. Further, the proposed language would restrict digital-forward pharmacy models and technology solutions aimed at safely and efficiently streamlining medication delivery and improving health care access for Californians.

As noted in the Board's Joint Statement with the Department of Consumer Affairs, Medical Board of California, and Osteopathic Medical Board, California continues to grapple with growing pharmacy deserts and closures.<sup>1</sup> The proposed rule could inadvertently exacerbate this crisis by prohibiting direct to patient central fill pharmacy services that currently serve these communities. These pharmacy models have emerged as a critical lifeline for patients with limited pharmacy access.

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<sup>1</sup> [https://www.pharmacy.ca.gov/publications/riteaid\\_joint\\_statement.pdf](https://www.pharmacy.ca.gov/publications/riteaid_joint_statement.pdf)

Therefore, we urge the Board to refine the proposed language to preserve innovative pharmacy delivery models while maintaining safety guardrails. Specifically, we propose amending the definitions of both the central fill pharmacy and the originating pharmacy to permit patients' access to filled prescription via direct delivery from a central fill pharmacy. This would eliminate the current requirement for filled prescriptions to be returned to the originating pharmacy for subsequent delivery to the patient or the patient's agent. Such an amendment would offer patients greater flexibility and choice should they prefer direct and streamlined delivery.

Furthermore, we request the removal of the restriction mandating that a central fill pharmacy be located within California. Our review indicates that only one state, Hawaii, imposes a similar in-state location requirement, which is reasonably understandable given its unique geographic isolation. We believe California licensure—whether as a resident or nonresident pharmacy—should be sufficient for operating as either a central fill pharmacy or an originating pharmacy, as appropriate, serving California patients.

Finally, we request that the Board clarify that information provided to the patient, indicating that the prescription was filled at a central fill pharmacy and specifying which pharmacy to contact for questions, may be provided in either written or electronic format. The current draft amendments restrict this requirement solely to "written" information.

Thank you for the opportunity to provide comments on this important matter. We appreciate the Board's leadership, careful consideration of stakeholder input and your steadfast commitment to ensuring uninterrupted access to necessary medications and pharmacy services for all California patients.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'Jose Torres', with a stylized flourish at the end.

Jose Torres, MPA  
Deputy Executive Director for California and the Southwest



December 1, 2025

Lori Martinez  
Board of Pharmacy  
2720 Gateway Oaks Drive, Ste. 100  
Sacramento, CA 95833

*Submitted via electronic mail:* [PharmacyRulemaking@dca.ca.gov](mailto:PharmacyRulemaking@dca.ca.gov)

Dear Ms. Martinez,

On behalf of Walmart Inc. (Walmart), we appreciate the opportunity to comment on the California Board of Pharmacy's proposed central fill pharmacy regulations. While we value the Board's efforts to clarify the current law, we do not believe limiting central fill pharmacies to those physically located in California will benefit licensees or consumers. We therefore oppose this mandate and urge the Board to allow nonresident pharmacies licensed by the Board to provide central fill services for California pharmacies.

Restricting central fill operations to in-state facilities limits patient access and undermines efficiency. Pharmacists play a critical role in delivering timely, high-quality care-often serving as the first point of contact for patients due to accessibility and affordability. To maximize this role, pharmacists need time for clinical, patient-facing services. Central fill pharmacies help achieve this by handling high-volume dispensing tasks, freeing pharmacists to focus on medication counseling, administration of immunizations, naloxone and hormonal contraceptive prescribing, and more.

Walmart's experience demonstrates the value of this model: in 21 states, we offer Testing and Treatment services, with 75% of patients seeking care after 5 p.m. or on weekends. Without the ability to leverage central fill across state lines, California pharmacies will lose these benefits, creating unnecessary operational burdens and limiting care options for patients.

Finally, we respectfully request revision of the proposed regulation to remove any requirement of final product verification at the originating pharmacy. When a prescription is filled at a central fill pharmacy, verification occurs there, under strict parameters to protect patient safety-not at the originating pharmacy. No additional (and duplicative) product verification should be required. Your implementation of this request will help maintain efficiencies, which are beneficial to patients, while removing any additional, unnecessary steps from the process.

Please do not hesitate to reach out if you have any questions or concerns. Thank you for your consideration.

Sincerely,

Kevin Loscotoff  
Director, Public Affairs and State and Local Government Relations  
Walmart



Lorri Walmsley, RPh., FAzPA  
Director, Pharmacy Affairs  
Walgreen Co.  
200 Wilmot Rd.  
Deerfield, IL. 60015  
p: 602-214-6618  
lorri.walmsley@walgreens.com

November 25, 2025

California State Board of Pharmacy  
Attention: Anne Sodergren, Executive Director  
2720 Gateway Oaks Drive, Suite 100  
Sacramento, CA 95833

Via Email: [PharmacyRulemaking@dca.ca.gov](mailto:PharmacyRulemaking@dca.ca.gov)

RE: Recommended amendments to § 1707.4. *Procedures for Central Fill Pharmacies*

Dear Executive Director Sodergren and members of the California Board of Pharmacy,

On behalf of all pharmacies owned and operated by Walgreens licensed in the State of California, we thank the Board for the opportunity to comment on the amended sections of §1707.4 of Article 2 of Division 17 of Title 16 of the California Code of Regulations. Walgreens shares the Board's commitment to ensuring safe, timely, and equitable access to medications for all Californians. We appreciate the opportunity to provide comments that advance these goals.

Walgreens respectfully recommends the following amendment to Section §1707.4 (a) *Procedures for Central Fill Pharmacies*, to permit central fill pharmacies to dispense prescriptions directly to patients, either independently or through another pharmacy.

- (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.~~ **to be dispensed to the patient either directly or through another pharmacy.**

California's diverse geography and population distribution present unique challenges to equitable healthcare access, especially for residents in remote rural areas, underserved urban communities, and individuals with limited mobility. Allowing patients the option of direct-to-patient dispensing from central fill pharmacies would streamline operations, reduce care gaps or direct to patient dispensing from central fill pharmacies would streamline operations, reduce gaps in care, and ensure patients receive their medications in a timely manner. This is especially critical for patients managing chronic conditions or complex therapies, where even short delays can adversely impact health outcomes. Direct-to-patient dispensing from central fill pharmacies ensures timely access for patients in remote areas, reducing care gaps and improving adherence

Walgreens respectfully requests the California State Board of Pharmacy consider the following amendment to Section §1707.4 (b)(1) to allow central fill pharmacies licensed by the Board and located in other states to process refill requests for prescriptions received by California pharmacies.

- (b)(1) A central fill pharmacy **that is licensed by the Board,** located in California **or another state, and ships prescriptions into California** ~~and licensed by the Board~~ may process a request for refill of a prescription medication received by another pharmacy ~~within this state~~, provided:

California spans 163,696 square miles and serves nearly 40 million residents. Delivering prescriptions from one California site to distant regions can result in longer transit times than leveraging strategically located facilities in neighboring states such as Nevada or Arizona.<sup>1</sup> Allowing licensed out-of-state central fill pharmacies would:

- Reduce delivery times for rural and remote areas
- Enhance reliability and continuity of care
- Support equitable access without compromising safety

Further, Specialty Limited Distribution Drugs (LDDs) are available exclusively through a limited network of pharmacies authorized by the manufacturer. Allowing a non-resident central fill pharmacy to dispense these medications in situations that improve patient access enhances the efficiency of distribution of these critical therapies by utilizing an established infrastructure capable of providing timely and compliant pharmacy services.

We believe that based upon these reasons, the ability for a central fill pharmacy to be located in a neighboring state, providing prescription services into California, can offer faster delivery especially in those hard-to-reach areas of the state, without compromising compliance or patient safety – provided proper regulatory safeguards are in place, which is required of any California licensed pharmacy. Further with the passage of this session's AB1503, it strengthens the Board's jurisdiction over nonresident pharmacies, requiring California-licensed PICs, inspection provisions, and increased penalties for violations—addressing prior concerns about oversight.

Walgreens respectfully requests the following amendment to Section §1707.4 (b)(5) which allows the use of unique identifiers to represent the dispensing pharmacist, the pharmacy that filled the prescription, and the pharmacy that received the prescription.

(b)(5) Both pharmacies maintain complete and accurate records, including:

- (A) the name or unique identifier of the pharmacist who filled the prescription;
- (B) the name or unique identifier of the pharmacy filling the prescription; and
- (C) the name or unique identifier of the pharmacy that received the prescription.

This aligns with other state requirements, reduces administrative burden, and supports accurate recordkeeping without costly system changes.

These amendments modernize pharmacy practice, improve patient access, and uphold the Board's commitment to safety and equity. We urge the Board to adopt these changes to ensure Californians receive timely, reliable, and compliant pharmacy services. Thank you for your time and consideration. Please feel free to contact me if you have any questions.

Sincerely,



Lorri Walmsley, RPh, FAzPA

1. World Population Review. "California Population 2025." *World Population Review*, 2025. <https://worldpopulationreview.com/states/california>. Accessed 10/29/2025





Mark Johnson, RPh, PharmD (hon)  
Executive Director, Pharmacy Advocacy &  
Regulatory Affairs

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Mark.Johnston@CVSHealth.com

December 1, 2025

Lori Martinez,  
Board of Pharmacy  
2720 Gateway Oaks Drive, Ste. 100  
Sacramento, CA 95833  
PharmacyRulemaking@dca.ca.gov

Dear Ms. Martinez,

On behalf of CVS Health, I appreciate the opportunity to provide comments on the Board of Pharmacy's proposed amendments to section 1707.4 regarding Central Fill Pharmacies. As Executive Director of Board of Pharmacy Advocacy and Regulatory Affairs, I represent CVS Health, one of the nation's most trusted pharmacy health care providers, serving communities across California through more than 1,000 local pharmacies. Our integrated pharmacy services connect patients to safe, convenient, and accessible care statewide.

### **Central Fill Pharmacies' Ability to Continue to Dispense Directly to the Patient**

The proposed definition of "central fill pharmacy" focuses on one subset of central fill operations: a community pharmacy model whereby the central fill pharmacy returns filled prescriptions to an originating pharmacy for dispensing. This proposed language does not recognize existing, successful, and safe central fill operations often conducted for mail order, specialty, and managed care pharmacies, whereby the central fill pharmacy delivers the filled prescription directly to the patient (and not back to the originating pharmacy). CVS Health offers modified language in 1704 (a) and (b) in red font below. Our position is supported by the Initial Statement of Reasons<sup>2</sup>, which states "the proposed amendments to the regulation are intended to clarify the current law" and "[t]his proposal clarifies current law." However, the published proposed language changes section 1707.4 so substantially that current business practices that have historically been permissible under California law will now be prohibited.

Allowing central fill pharmacies to dispense directly to patients, whether through delivery to the originating pharmacy, the patient's home or another preferred location provides flexibility and convenience that improves adherence and access to care. These options ensure patients can receive medication in the manner that best meets their health needs, reducing barriers and supporting timely treatment.



### **Audit Trails Would Allow the Board to Hold the Appropriate Person and Pharmacy Accountable**

The primary benefit of a central fill arrangement is for the central fill pharmacy to assume responsibility for verifying the accuracy of the medication filled. As proposed, 1704.4(c)(5) requires both the central fill pharmacy and the originating pharmacy to ensure that “the order has been properly filled”, which negates this benefit. CVS Health is aware of no other state that requires this dual check.

CVS Health supports customary shared service methodology which mandates that the person and pharmacy they are associated with are responsible for each individual action they perform. To ensure accountability, thirty-six states require an “audit trail” for central fill arrangements, mandating compliant record keeping of all tasks performed throughout the processing and filling of a prescription.

Section 1707.4(c)(6) only addresses three actions (counseling, DUR, and patient profiles) and assigns responsibility to the originating pharmacy, which is inconsistent with share service methodology. For example, section 1707.4(c)(2)(B) allows a pharmacy to print only the central fill pharmacy phone number on the prescription label, leading to customers calling the central fill pharmacy to obtain counseling, yet the originating pharmacy remains responsible for counseling compliance.

To avoid these inconsistencies, CVS Health recommends striking most of section 1707.4(c) (4), (5), and (6) and replacing them with language commonly used in states that require audit trails. Please see our suggested changes in red font below.

### **Nonresident Central Fill Pharmacies**

The proposed prohibition on nonresident central fill pharmacies servicing California pharmacies and patients may create unnecessary barriers and raise concerns under interstate commerce principles. With the passing of AB 1503, the Board now has authority to inspect nonresident pharmacies, which should provide sufficient assurance to allow a California-licensed nonresident central fill pharmacy to service an originating pharmacy in California. CVS Health requests that the Board consider our proposed changes to 1707.4(c) in red font below accordingly.

In conclusion, we urge the Board to adopt our proposed revisions; as well as issue guidance clarifying that section 1717.1-Common Electronic Files is the applicable regulation authorizing central processing activities.

§ 1707.4. Procedures for ~~Refill~~ Central Fill 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 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 ~~requests that a central fill pharmacy prepare and package the prescription.~~ dispenses the medication to the patient.
- (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:~~
- (1) The pharmacy that is to ~~refill~~ the prescription medication either has a contract with the pharmacy which received the prescription or has the same owner as the other pharmacy.
- (2) The prescription container:
- (A) is clearly labeled with all information required by Sections 4076 and 4076.5 of the Business and Professions Code; and
- (B) as applicable, clearly shows the name and address of the pharmacy ~~refilling the prescription medication~~ and/or the name and address of the pharmacy which receives the refilled prescription medication to dispense to the patient. Nothing in this subsection should be interpreted as preventing inclusion of the name and address of both pharmacies.
- (3) The patient is provided with written information indicating that the prescription was filled at a central fill pharmacy, and written information, either on the prescription label or with the prescription container, that describes which pharmacy to contact if the patient has any questions about the prescription or medication.
- (4) Both pharmacies maintain ~~and be responsible for~~ complete and accurate records tracking who performed each step of the processing, filling, and dispensing procedures at or for their pharmacy of the refill, including:
- ~~(A) the name of the pharmacist who refilled the prescription~~
- ~~(B) the name of the pharmacy refilling the prescription; and~~
- ~~(C) the name of the pharmacy that received the prescription refill request.~~
- (5) ~~The pharmacy which refills the prescription and the pharmacy to which receives the refilled prescription is provided for dispensing to the patient shall each be responsible for ensuring the order has been properly filled.~~ Pharmacists working at the originating pharmacy may perform final product verification prior to dispensing, including through review of images of the final product in lieu of physical visual verification. A pharmacist shall not be required to perform final product verification where product verification by a pharmacist is performed at the 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).
- ~~(6) The originating pharmacy is responsible for compliance with the requirements set forth in S~~ections ~~1707.1, 1707.2, and 1707.3 of the California Code of Regulations.~~
- (b) Nothing in this section shall be construed as barring a pharmacy from also filling new prescriptions presented by a patient or a patient's agent or transmitted to it by a prescriber.



Sincerely,

A handwritten signature in black ink, appearing to read "Mark Johnston", with a long horizontal flourish extending to the right.

Mark Johnston, RPh, PharmD(hon)

<sup>1</sup> July/August 2024 Board Meeting Minutes, available at [https://www.pharmacy.ca.gov/meetings/minutes/2024/24\\_jul\\_bd\\_min.pdf](https://www.pharmacy.ca.gov/meetings/minutes/2024/24_jul_bd_min.pdf).

<sup>2</sup> Initial Statement of Reasons, available at [https://www.pharmacy.ca.gov/laws\\_regs/1707\\_4\\_isor.pdf](https://www.pharmacy.ca.gov/laws_regs/1707_4_isor.pdf).

December 1, 2025

Lori Martinez  
Board of Pharmacy  
2720 Gateway Oaks Drive, Ste. 100  
Sacramento, CA 95833

*[Submitted via PharmacyRulemaking@dca.ca.gov]*

**Re: Comments on Proposed Amendments to 16 CCR § 1707.4 – Central Fill Pharmacies**

Dear Ms. Martinez and members of the California Board of Pharmacy,

On behalf of our members operating in the state of California, the National Association of Chain Drug Stores (NACDS) appreciates the opportunity to comment on the California Board's proposed changes to section 1707.4 regarding the operation of central fill pharmacies. NACDS commends the state's efforts to modernize and clarify central fill operations to enhance pharmacies' capacity to meet public demand for a growing number of prescriptions and pharmacy-based healthcare services. NACDS appreciates your consideration of the following recommendations to achieve this goal.

***Recommendation #1: Remove restrictive geographic requirements on central fill pharmacies that may process requests for prescription medications.***

Allowing pharmacies operating beyond the state of California to support central fill processes would make it possible for more originating pharmacies to shift work that can be safely completed offsite when needed, especially when in-store demand increases. As different pharmacies have different capacities, allowing California pharmacies to tap into pharmacies from neighboring states, versus having to solely rely on pharmacies from other regions within the state, would offer broader flexibility to meet prescription demands, streamline operations, and accelerate fulfillment times. Ultimately, effective central fill operations help promote safer, timelier, and more reliable medication access. Unduly requiring central fill pharmacies to operate in the state of California in order to serve California pharmacies limits opportunity to delegate additional prescription volume and undercuts the benefits of central fill operations. Many other states that have effectively authorized central fill operations have not required those central fill facilities operate in the same state as the originating pharmacy. Therefore, NACDS proposes the following amendment:

- Proposed Edit: (c) A central fill pharmacy ~~located in California and~~ licensed by the Board may process a request for prescription medication received by another pharmacy, provided....:

***Recommendation #2: Remove the extraneous, burdensome, and duplicative requirement that final product verification must be conducted at the originating pharmacy.***

Removing the requirement that final product verification must occur at the originating pharmacy allows pharmacies to fully leverage the capabilities of central fill pharmacies and offer more efficient verification workflows. This flexibility reduces redundancies, maximizes pharmacist capacity, ensures pharmacists at the originating pharmacy can prioritize patient care services, and decreases delays in dispensing. As a result, patients benefit from faster

access to medications and consistently high-quality and safety medication dispensing. Therefore, NACDS proposes the following amendment:

- *~~Proposed Edit: (5) The pharmacy which fills the prescription and the pharmacy which receives the prescription for dispensing to the patient shall each be responsible for ensuring the order has been properly filled. Pharmacists working at the originating pharmacy may perform final product verification prior to dispensing, including through review of images of the final product in lieu of physical visual verification. A pharmacist shall not be required to perform final product verification where product verification by a pharmacist is performed at the 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).~~*

NACDS appreciates the California Board of Pharmacy for considering our comments on the proposed regulation. For questions or further discussion, please contact NACDS' Sandra Guckian, Vice President, State Advocacy at [sguckian@nacds.org](mailto:sguckian@nacds.org).

Sincerely,



Steven C. Anderson, FASAE, CAE, IOM  
President and Chief Executive Officer  
National Association of Chain Drug Stores

CC: Debbie Damoth; Members of the California Board of Pharmacy

###

NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. Chains operate over 40,000 pharmacies, and NACDS' member companies include regional chains, with a minimum of four stores, and national companies. Chains employ nearly 3 million individuals, including 155,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit [NACDS.org](http://NACDS.org).



December 1, 2025

Lori Martinez  
Debbie Damoth  
California Board of Pharmacy  
2720 Gateway Oaks Drive, Suite 100  
Sacramento, CA 95833

Via Email: [PharmacyRulemaking@dca.ca.gov](mailto:PharmacyRulemaking@dca.ca.gov)

**Re: Comments on Proposed Amendments to 16 CCR § 1707.4 - Central Fill Pharmacy Operations**

Dear Members of the California State Board of Pharmacy:

On behalf of the California Retailers Association (CRA) and California Community Pharmacy Coalition (CCPC), I write to register the following concerns regarding the California State Board of Pharmacy (Board) Proposed Action for Central Fill Pharmacies to add Title 16 CCR § 1707.4.

CRA and CCPC appreciates the Board's ongoing efforts to provide clarity on current law governing pharmacy in California and we thank the Board for including important provisions in the proposed amendments to the Central Fill regulation that allow technology-assisted product verification. These practices have been well-established across the country and allow for enhanced accuracy and speed when dispensing prescriptions.

The Board's commitment to ensuring patient safety while adapting to evolving healthcare delivery models is commendable, and we recognize the important role these regulations play in protecting California consumers.

However, we respectfully submit these comments regarding the proposed amendments to 16 CCR § 1707.4, as we believe the current language may inadvertently restrict patient access to medications and unintentionally undermine innovative pharmacy models that are critical in addressing California's pharmacy desert challenges and meeting patients' needs.

CRA and CCPC respectfully ask the board to review our concerns regarding the proposed amendments to the Central Fill regulation.

## **Primary Concerns**

CRA and CCPC support the Board's intent to provide regulatory clarity for the Central Fill regulation, but we have significant concerns that the proposed rule appears to go beyond clarification to instead impose restrictions that could significantly impact patients' ability to receive medications in a timely manner and create disparities in California's retail pharmacy network, which will impact patient access to care.

Specifically, the proposed definitions of "central fill pharmacy" and "originating pharmacy" would effectively prohibit direct-to-patient central fill models, requiring additional handling steps that unnecessarily increase operational time, place additional administrative burden on pharmacists and technicians, and delay medication delivery to patients.

Further, the proposed amendments to the Central Fill Regulation will result in California's prioritization of out-of-state pharmacies versus California pharmacies. Under the proposed amendments, out-of-state pharmacies would retain the ability to ship prescriptions directly to California patients, while California-licensed central fill pharmacies would face restrictions on providing equivalent direct-to-patient services.

This restriction is particularly concerning given California's ongoing challenges with pharmacy deserts and unforeseen natural disasters that impact continuity of care leading to limited access to pharmacy services for communities, especially those in rural and hard-to-reach areas. Modern central fill models that allow "direct-to-patient" delivery have emerged as an innovative and patient-centered solution to serve patients and their families, regardless of their location, ensuring all Californians have equal access to care.

The proposed rule, as written, would undercut certain pharmacy service delivery models that aim to safely and efficiently serve all Californians equitably.

## **Unintended Consequences**

The Board's proposed Central Fill regulation language would result in several negative unintended consequences that would not benefit the health and welfare of California patients:

1. **Delayed Patient Care & Operational Issues:** Requiring filled prescriptions to return to originating pharmacies before reaching patients adds unnecessary time to the delivery process, potentially delaying critical medications. A core principle of modern logistics and quality improvement is to reduce unnecessary hand-offs. Each additional transfer of a filled prescription—from the central fill back to the originating pharmacy—introduces a new and unnecessary opportunity for potential human error, package loss, or delivery delays. A streamlined, direct-to-patient model, anchored by the technology-assisted verification the Board supports, is arguably safer for patients by eliminating additional

steps.

More specifically, in **Section 1707.4(a)**, the definition of a central fill pharmacy in Section 1707.4(a) limits the operational model to only allow a filled prescription to be sent back to the originating pharmacy. Central fill pharmacies should have the option to dispense and deliver direct to patients. Many patients request that prescriptions be delivered for convenience or because of limited ability to physically come into a pharmacy. Patients that prefer delivery of prescriptions should not be penalized with having to wait longer to have their prescriptions dispensed due to a requirement that filled prescriptions be first sent back to the originating pharmacy. We ask that the board consider a more flexible definition that accounts for patients' dispensing preferences. We request that the Board modify Section 1707.4(a) as follows:

*“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~~ dispensing direct to patient or the originating pharmacy.”*

*Or alternatively:*

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,~~ to be dispensed to the patient either directly or through another pharmacy.

2. **Pharmacy Closures and Reduced Patient Access:** As California faces an increasing number of pharmacy closures and unforeseen natural disasters, maintaining operational flexibility for central fill models is essential to ensure continued patient access to care. With this Board's efforts to clarify this law, we respectfully urge that regulations preserve the ability of all central fill operations to innovate and adapt their service delivery methods to meet evolving community needs. The proposed rule creates an unintended disparity in service capabilities.

While out-of-state pharmacies would retain the ability to ship prescriptions directly to California patients, California-licensed central fill pharmacies would face restrictions on providing equivalent direct-to-patient services. This inconsistency may limit options for patients in hard to reach and underserved areas.



More specifically, **Section 1707.4(c)** limits Central Fill Pharmacies to be in-state only. Limiting central fill pharmacy operations to in-state pharmacies appears to be inconsistent with licensure requirements. Section 4112 of the Business and Professions Code recognizes out-of-state pharmacies as nonresident pharmacies and sets forth licensure requirements. The current *Nonresident Pharmacy License Application* lists central fill as a service option to select in Section 4. Type of Pharmacy Services to Be Provided.

With the recent passage of California Board of Pharmacy Sunset review Bill, (AB 1503, Berman), there are further amendments to Section 4112 of the Business and Professions Code that add additional licensure and compliance requirements for nonresident pharmacies while providing the Board additional oversight opportunities. California-licensed nonresident pharmacies should not be excluded from the ability to operate as central fill pharmacies.

CRA requests the Board modify Section 1707.4(c) as follows:

*“A central fill pharmacy ~~located in California and~~ licensed by the Board may process a request. ...”*

CRA also respectfully requests the Board consider the following amendment to Section §1707.4 (b)(1) to allow central fill pharmacies licensed by the Board and located in other states to process refill requests for prescriptions received by California pharmacies.

*(b)(1) A central fill pharmacy ~~that is licensed by the Board, located in California or another state, and ships prescriptions into California and licensed by the Bboard~~ may process a request for ~~refill of a~~ prescription medication received by ~~another~~ pharmacy ~~within this state~~, provided:*

California spans 163,696 square miles and serves nearly 40 million residents. Delivering prescriptions from one California site to distant regions can result in longer transit times than leveraging strategically located facilities in neighboring states such as Nevada or Arizona.<sup>1</sup> Allowing licensed out-of-state central fill pharmacies would:

- Reduce delivery times for rural and remote areas
- Enhance reliability and continuity of care

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<sup>1</sup> 1. World Population Review. “California Population 2025.” *World Population Review*, 2025. <https://worldpopulationreview.com/states/california>. Accessed 10/29/2025

- Support equitable access without compromising safety

Further, Specialty Limited Distribution Drugs (LDDs) are available exclusively through a limited network of pharmacies authorized by the manufacturer. Under this model, allowing a non-resident central fill pharmacy to dispense these medications in situations that improve patient access enhances the efficiency of distribution of these critical therapies by utilizing an established infrastructure capable of providing timely and compliant pharmacy services.

CRA believes that based upon these reasons, the ability for a central fill pharmacy to be located in the state or a neighboring state, providing prescription services into California, can offer faster delivery especially in those hard-to-reach areas of the state, without compromising compliance or patient safety – provided proper regulatory safeguards are in place, which is required of any California licensed pharmacy.

Further, the passage of AB 1503, strengthens the Board’s jurisdiction over nonresident pharmacies, requiring California-licensed PICs, inspection provisions, and increased penalties for violations—addressing prior concerns about oversight.

3. **Impediment to Innovation:** The Board’s proposed rule mirrors a very “traditional” central fill model, where prescription medications must be returned to the originating pharmacy. The Board has commendably embraced standard of care models and innovation to improve access through tele-pharmacy and technology-enabled verification – both of which use technology to improve access. CRA and CCPC ask the Board to apply this same forward-thinking logic to Central Fill. Additionally, the added steps in this model will have negative environmental impacts due to increased transport trips for each prescription.

### **Recommended Revisions**

In addition to the red lines provided above and to honor the spirit of the Board’s proposed rule for the Central Fill regulation in providing clarity while preserving California retail pharmacies' ability to serve patients and communities safely and effectively in California, we recommend revising the proposed language to:

1. **Ensure pharmacies can serve patients in a timely manner from either a CA-licensed "central fill" pharmacy or an “originating pharmacy”** by allowing direct-to-patient delivery with appropriate guardrails in place. This will allow patient choice and align with the Board's objective to serve, not restrict, modern delivery models that have proven to be safe and effective. Furthermore, allow central fill participation from any jurisdiction if the pharmacies hold the appropriate licensure.

2. **Maintain flexibility and safeguards for innovative delivery models that prioritize patient proximity and rapid access to medications.** Allow either the central fill pharmacy or the originating pharmacy to dispense medication to patients, avoiding overly restrictive rules that delay care and promote standard of care ideology.
3. **Expand technology-enabled verification allowances to similar high-volume facilities,** as these technologies are proven to increase accuracy and patient safety above and beyond manual processes, while simultaneously improving efficiency.
4. **Maintain Consistency with Notices to Reduce Compliance Costs and Preserve Patient Care.** We agree with the Board that patients should be provided notice that prescriptions may be filled at a central fill pharmacy, however we suggest that the Board consider modifying Section 1707.4(c)(3) to allow for either a posted notice or one-time written notice. Posting of a notice is consistent with how other required consumer notices are provided to patients (Business & Professions Code Section 4122) and reduces the administrative burden on pharmacies while preventing unnecessary delays in prescription filling for patients.

Further modification to 1707.4(c)(3) is recommended to ensure that patients have clear directions about who to contact if there are questions about the prescription. If a prescription is filled by the central fill pharmacy and provided back to the originating pharmacy for dispensing, there should not be any additional requirement about who to contact since the prescription is being dispensed from the originating pharmacy like any other prescription.

For prescriptions that are filled by a central filled pharmacy and dispensed or delivered directly to a patient, we support the Board's intent to require written information be provided to the patient about the pharmacy to contact with questions. This requirement is also in place in many other states' central fill pharmacy rules. We propose that the Board consider new language for 1707.4(c)(3):

*"The patient is provided with notice that prescriptions may be filled by a central fill pharmacy via a posted sign or one-time written notification by the originating pharmacy.*

*Prescriptions dispensed directly to patients by a central fill pharmacy must provide written information, either on the prescription label or with the prescription container, indicating the pharmacy to contact if the patient has questions about the prescription or medication."*

5. **Clarification for Accountability in Section 1707.4(c)(5).** Finally, we believe the Board's intent in the first sentence of Section 1707.4(c)(5) is to ensure accountability by both central fill and originating pharmacies, and we support that. We request a minor modification to be very clear that each pharmacy is responsible for their specific roles in the prescription filling and dispensing process. We ask that the Board consider modifying the first sentence of Section 1707.4(c)(5) as follows:

*"The originating and central fill pharmacies are responsible for their specific roles in ensuring prescriptions are properly filled and dispensed."*

6. **Allowing the use of unique identifiers.** CRA respectfully requests the following amendment to Section §1707.4 (b)(5) which allows the use of unique identifiers to represent the dispensing pharmacist, the pharmacy that filled the prescription, and the pharmacy that received the prescription.

*(b)(5) Both pharmacies maintain complete and accurate records, including:*

*(A) the name or unique identifier of the pharmacist who filled the prescription;*

*(B) the name or unique identifier of the pharmacy filling the prescription; and*

*(C) the name or unique identifier of the pharmacy that received the prescription.*

This aligns with other state requirements, reduces administrative burden, and supports accurate recordkeeping without costly system changes.

## **Conclusion**

These amendments modernize pharmacy practice, improve patient access to care, and uphold the Board's commitment to safety and equity. We urge the Board to adopt these changes to ensure Californians receive timely, reliable, and compliant pharmacy services.

CRA believes it is possible to maintain rigorous safety standards and appropriate oversight while allowing for the innovation and flexibility needed to address California's evolving pharmacy desert challenges and ensure patients have timely access to essential medications. This balanced approach will help benefit health and welfare for California residents.

We would welcome the opportunity to discuss these concerns further and work collaboratively toward a solution that serves both regulatory objectives and patient needs.

Lastly, we respectfully request that if the Board makes such significant changes to its central fill requirements, the Board also gives pharmacies ample lead time for implementation. This would allow pharmacies who have been operating off the current rule and past guidance the ability to safely implement new systems, and, if necessary, transition patients from this service, in a safe manner.

Thank you for your consideration of these comments and your continued dedication to serving California consumers.

Sincerely,



Sarah Pollo Moo

Policy Advocate

California Retailers Association

cc: Seung Oh, PharmD, President, Board of Pharmacy; Anne Sodergren, Executive Officer, Board of Pharmacy; Julie Ansel, Deputy Executive Officer

November 25, 2025

Board of Pharmacy  
2720 Gateway Oaks Drive, Suite 100  
Sacramento, CA 95833  
Email: [PharmacyRulemaking@dca.ca.gov](mailto:PharmacyRulemaking@dca.ca.gov)

**Re: Proposed Rulemaking – 16 CCR § 1707.4 (Central Fill Pharmacies)**

Members of the Board:

Thank you for the opportunity to comment on the proposed amendments to section 1707.4 regarding central fill pharmacy operations. We appreciate the Board's effort to clarify responsibilities between originating and central fill pharmacies. That said, we are concerned that the proposed language unintentionally creates a conflict with existing law and places nonresident pharmacies at a competitive and operational disadvantage.

**Current California law already allows nonresident pharmacies to serve California patients**

Business and Professions Code § 4112 is very clear: nonresident pharmacies may ship, mail, or deliver prescription drugs to California residents so long as they obtain a nonresident pharmacy license and comply with all requirements the Board imposes on in-state pharmacies. Those requirements include recordkeeping, consultation, access to inspection, and designation of an agent for service of process. In short, the Legislature created a pathway that allows out-of-state pharmacies to participate fully in the care of California patients as long as they meet same Board standards applicable to in-state pharmacies.

For many years, some nonresident pharmacies have provided central fill services to California pharmacies and California patients under that statutory framework.

**The proposed rule would restrict central fill activities to pharmacies physically located in California**

As written, the proposed amendment to § 1707.4 defines a central fill pharmacy as a pharmacy "operated within California" and "licensed by the Board." This would categorically bar nonresident pharmacies, despite their statutory authority under § 4112, from acting as a central fill provider.

This creates a few problems:

- It carves out one specific pharmacy function (central fill) and limits it to in-state facilities even though the statute does not make that distinction.

- It puts nonresident pharmacies at a competitive disadvantage by preventing them from offering services they are otherwise licensed to provide.
- It creates an uneven playing field where California pharmacies may contract with one another for central fill, but are prohibited from contracting with equally qualified, licensed out-of-state pharmacies.
- It will disrupt existing business relationships, logistics systems, and service models that California pharmacies already rely on.
- It will interfere with patient access to necessary medications that may best be provided by nonresident pharmacies.

The proposed rule is facially discriminatory against nonresident pharmacies since it explicitly favors local pharmacies over nonresident pharmacies even though the nonresident pharmacies are licensed to dispense compounded drugs to California patients. Unless the proposed rule is amended to afford nonresident pharmacies the same opportunity to provide central fill services as local pharmacies, the rule would surely be held unconstitutional, as it would be in clear violation of the dormant Commerce Clause of the U.S. Constitution.

### **The economic impact statement underestimates the real-world consequences**

The Notice of Proposed Action states that the Board does not anticipate a significant economic impact. But limiting central fill to California-based pharmacies will necessarily shift business away from nonresident pharmacies and may force originating pharmacies to replace long-standing relationships with potentially higher-cost or less-specialized in-state facilities. That is both a competitive and logistical burden that should be acknowledged.

### **A less restrictive alternative is available**

- The Board has clear authority under § 4112 to regulate nonresident pharmacies and require them to meet California's standards. A more balanced approach would allow nonresident pharmacies to act as central fill providers so long as they meet the same expectations that apply to resident pharmacies for:  
documentation,
  - product verification,
  - quality assurance,
  - inspection availability, and
  - communication with originating pharmacies.

This preserves patient protections without erecting geographic barriers.

### **Request**

For these reasons, we respectfully ask the Board to amend the proposed language so that central fill pharmacies include both resident and nonresident pharmacies licensed by the Board. At a minimum, the Board should clarify how the proposed rule aligns with § 4112 and whether a

pathway will remain for nonresident pharmacies that currently provide central fill services to California patients.

Thank you for considering these comments. We would welcome the chance to discuss these concerns further or provide alternative wording if helpful.

Sincerely,

Alliance for Pharmacy Compounding  
National Community Pharmacists Association

*The Alliance for Pharmacy Compounding is the industry trade association and the voice for pharmacy compounding, representing more than 600 compounding small businesses — including 7,500 compounding pharmacists and technicians in both 503A and 503B settings — as well as prescribers, educators, researchers, and suppliers.*

*NCPA represents America's community pharmacists, including 18,900 independent community pharmacies. Almost half of all community pharmacies provide long-term care services and play a critical role in ensuring patients have immediate access to medications in both community and long-term care (LTC) settings. Together, our members employ 205,000 individuals and provide an expanding set of healthcare services to millions of patients every day. Our members are small business owners who are among America's most accessible healthcare providers.*



Vinay Arora, RPh., J.D.  
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VIA Email: To: PharmacyRulemaking@dca.ca.gov

Lori Martinez  
Board of Pharmacy  
2720 Gateway Oaks Drive, Ste. 100  
Sacramento, CA 95833  
(916) 518-3100

**RE: Amend Title 16, California Code of Regulations (CCR) section 1707.4**

Dear Ms. Martinez:

Cardinal Health, Inc. (“Cardinal Health”) is a global, integrated healthcare solutions company, providing necessary support to help customers and patients navigate the complex healthcare landscape. Cardinal Health also serves patients of California through its subsidiary central fill pharmacy, RX E-Fill Solutions, located in Valencia, California.

Cardinal Health supports and appreciates the California Board of Pharmacy’s (“Board”) diligent work to revise its regulations to clarify the parameters of central fill operations in California, to provide transparency to licensees, and to ensure California pharmacies can better serve their patients through advances in technology and more efficient pharmacy operations. Cardinal Health also writes to the Board to suggest revising the proposed rule to better serve these goals.

The proposed rule prevents California central fill pharmacies from dispensing a prescription directly to the patient, which reduces the efficiency of central fill operations and limits patient access and convenience. Specifically, the proposed rule requires a central fill pharmacy to deliver a dispensed prescription *back* to the originating pharmacy before it may be dispensed to a patient.

Among other things, requiring the central fill pharmacy to always return the dispensed prescription to the originating pharmacy for patient pickup delays access to medication and presents challenges for patients with mobility concerns or those patients living in more rural areas or in pharmacy deserts, which can negatively impact adherence and continuity of care.

Moreover, requiring the prescription to be returned to the originating pharmacy, without any flexibility, increases operational complexity and reduces the efficiency of central fill

operations, which are known to free pharmacy staff from repetitive tasks and allow them to focus directly on the patient and clinical care.

The proposed rule states in part:

- (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.*
- (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.*

16 CCR § 1707.4(a)-(b) (proposed rule). We suggest revising the rule as follows:<sup>1</sup>

- (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 numerous 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:

- **Oregon:** Or. Admin. Code § 855-041-3035(1) “A central fill pharmacy may deliver or mail medications to the primary pharmacy or patient. . . .”
- **Arizona:** Ariz. Admin. Code § R4-23-621(C)(2) (Requiring certain additional information to appear on the prescription container if an order is delivered directly to the patient by the filling pharmacy).
- **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).
- **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).

Additionally, while the proposed rule makes clear that the central fill pharmacy must be located in California to serve California patients via a central fill arrangement, the rule does not clarify whether a California-based central fill pharmacy is prohibited from serving patients in other states, either via mail order or by shipping the dispensed prescription back to an originating pharmacy outside of California. We respectfully request that the Board clarify that California-based central fill pharmacies located in California are not prohibited from serving patients in other states if those states permit central fill operations.

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<sup>1</sup> Cardinal Health recognizes that under Drug Enforcement Administration (“DEA”) regulations, controlled substance prescriptions may only be returned to the originating pharmacy. The requested revision would only apply to non-controlled substances as permitted by other state boards of pharmacy. *See* 21 CFR 1300.01(b).

Thank you for your consideration. We welcome any questions that the Board may have.  
You may contact me at [vinay.arora@cardinalhealth.com](mailto:vinay.arora@cardinalhealth.com).

Sincerely,

Vinay Arora

A handwritten signature in black ink, appearing to read 'Vinay Arora', with a stylized flourish at the end.

Vinay Arora, RPh., J.D.