

Mobile Units – Frequently Asked Questions

1. Q: What is the difference between a mobile unit and a mobile pharmacy?

A: A mobile unit is operated as an extension of a pharmacy license held by the county, city and county, or special hospital authority to provide prescription medication within its jurisdiction to individuals without fixed addresses, individuals living in county-owned or city-and-county-owned or operated housing facilities, and those enrolled in Medi-Cal plans operated by the county or a city and county, a health district, or a joint powers authority pursuant to Chapter 7 (commencing with Section 14000) or Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code.

In contrast, a mobile pharmacy is used temporarily when a pharmacy is destroyed or damaged, and the mobile pharmacy is necessary to protect the health and safety of the public, under specified conditions. The Board must approve the temporary use of a mobile pharmacy and the pharmacy operating the mobile pharmacy must provide the Board with records of the destruction of, or damage to, the pharmacy and an expected restoration date of the permanent pharmacy.

A mobile pharmacy can also be employed during a declared federal, state, or local emergency in order to ensure the continuity of patient care, under specified conditions, including that the mobile pharmacy is located within the declared emergency area or affected areas.

(BPC 4062(c), BPC 4110(c), BPC 4110.5)

2. Q: How many mobile units may a county, city and county, or special hospital authority operate?

A: A county, city and county, or special hospital authority may operate one or more mobile units. The pharmacist-in-charge shall determine the number of mobile units that are appropriate for a particular pharmacy license.

(BPC 4110.5)

3. Q: What “special hospital authority” can operate a mobile unit?

A: The special hospital authorities that may operate a mobile unit are the Alameda Health System Hospital Authority described in Chapter 5 (commencing with Section 101850) of Part 4 of Division 101 of the Health and Safety Code, and the Kern County Hospital Authority described in Chapter 5.5 (commencing with Section 101852) of Part 4 of Division 101 of the Health and Safety Code.

(BPC 4110.5, HSC 101850, HSC 101852)

4. Q: How can a county, city and county, or special hospital authority notify the Board of their intent to operate a mobile unit?

A: A county, city and county, or special hospital authority shall notify the Board of its intention to operate a mobile unit as soon as possible, and no later than five business days after commencing operation of a mobile unit. To assist with notification requirements, the Board has developed a form that can be accessed [here](#).

(BPC 4110.5(f))

5. Q: I am an independent retail pharmacy and would like to service my community by helping the homeless by providing better access in obtaining their medications. Can I operate a mobile unit?

A: No, only a county, city and county, or special hospital authority described in Chapter 5 (commencing with section 101850) or Chapter 5.5 (commencing with section 101852) of Part 4 of Division 101 of the Health and Safety Code may operate a mobile unit to provide prescription medications.

(BPC 4110.5)

6. Q: Can a clinic licensed by the Board pursuant to BPC 4180 qualify to operate a mobile unit?

A: No, a mobile unit can only be operated as an extension of a pharmacy license held by a county, city and county, or special hospital authority.

(BPC 4110.5)

7. Q: Our county operates a mobile unit. At the end of the day, can we park the mobile unit in a secured garage located where the pharmacy operating the mobile unit is located? Can we leave the drugs in the mobile unit if the garage has a security gate only accessible with a key fob by authorized personnel, the garage is well lit, and there is a security guard that patrols the area?

A: No, dangerous drugs must not be left in the mobile unit during the hours that the mobile unit is not in operation. The dangerous drugs must be returned to the licensed pharmacy.

(BPC 4110.5(e))

8. Q: At the end of the operational day, where can the mobile unit be parked?

A: Pharmacy law does not specify where the mobile unit is required to be parked. However, during the hours that the mobile unit is not in operation, dangerous drugs cannot be left in the mobile unit. Therefore, the Board recommends the mobile unit be parked at or close to the address of the licensed pharmacy since drugs are required to be stored and secured at the

licensed pharmacy operating the mobile unit.

(BPC 4110.5, 16 CCR 1714(b) and (d))

9. Q: If a county, city and county, or special hospital authority plans to discontinue the use of a mobile unit, how should the Board be notified?

A: Notice of intention to discontinue operation of a mobile unit must be given to the Board , as soon as possible, and at least one business day before discontinuing operation of a mobile unit.-To assist with notification requirements, the Board has development a form that can be accessed [here](#).

(BPC 4110.5(f))

10.Q: Does the mobile unit require the Notice to Consumer poster to be posted in public view?

A: Yes. The mobile unit operates as an extension of a pharmacy license held by the county, city and county, or special hospital authority. Pharmacy law requires every pharmacy to place the Notice to Consumer poster in a conspicuous place, physically access to a prescription drug consumer, so that the consumer can easily read it. The mobile unit must use the standardized poster provided or made available by the Board, unless the pharmacy has received prior approval of another format or display methodology from the Board. The mobile unit can also display the notice on a video screen located in a place conspicuous to and readable by consumers, subject to specified conditions.

(BPC 4110.5, 16 CCR 1707.6)

11.Q: Is the mobile unit required to have hot and cold running water?

A: Yes. The mobile unit operates as an extension of a pharmacy license held by the county, city and county, or special hospital authority. Therefore, the mobile unit must be equipped with a sink with hot and cold running water for pharmaceutical purposes.

(BPC 4110.5, 16 CCR 1714(c))

12.Q: Who can possess the keys to the mobile unit:

A: The mobile unit operates as an extension of a pharmacy license held by the county, city and county, or special hospital authority. When drugs are stored in the mobile unit, the key to the mobile unit is restricted to a pharmacist. The pharmacy owner (the county, city and county, or the special hospital authority) may possess a key to the mobile unit that is maintained in a tamper evident container for the purpose of 1) delivering the key to a pharmacist or 2) providing access in case of emergency, including fire, flood, or earthquake. The signature of the pharmacist-in-charge must be present in such a way that the pharmacist may readily determine whether the key was removed from the container.

(BPC 4110.5, 16 CCR 1714(d) and (e))

13.Q: Can a county pharmacy operate a mobile unit to assist the county's methadone program to dispense methadone to better serve the homeless population?

A: No. Methadone is classified as a Schedule II controlled substance and a mobile unit cannot carry or dispense controlled substances, except Schedule III, Schedule IV, or Schedule V controlled substances approved by the United States Food and Drug Administration (FDA) for the treatment of opioid use disorder.

(BPC 4110.5(d), HSC 11055(c)(14))

14.Q: What are the staffing limitations for a mobile unit?

A: A mobile unit operates as an extension of a pharmacy license held by the county, city and county, or special hospital authority. Therefore, if the pharmacy operating the mobile unit has a community pharmacy license (PHY or PHE) and only one pharmacist, it must have no more than one pharmacy technician performing the tasks specified in BPC 4115(a). The ratio of pharmacy technicians performing the tasks specified in BPC 4115(a) to any additional pharmacist shall not exceed 2:1, except that this ratio shall not apply to personnel performing clerical functions pursuant to BPC 4116 or 4117.

(BPC 4110.5, BPC 4115(f)(1))

15.Q: Can a pharmacist working on a mobile unit provide vaccine administration?

A: Yes. In addition to dispensing prescriptions, the pharmacist may perform activities consistent with Article 3 (commencing with section 4050) of the Business and Professions Code.

(BPC 4110.5(b), BPC 4050-4068)

16.Q: During the temporary absence of a pharmacist for their duty free breaks and meal periods, can the pharmacist leave the mobile unit, leaving ancillary staff in the mobile unit?

A: The decision to keep the mobile unit open during the temporary absence of the pharmacist for their duty free breaks and meal periods resides with the pharmacist working in the mobile unit. The pharmacist may leave the mobile unit temporarily for breaks and meal periods without closing the mobile unit and removing ancillary staff if the pharmacist reasonably believes that the security of the dangerous drugs and devices will be maintained in the pharmacist's absence.

If the mobile unit remains open during any temporary absence of the pharmacist, no prescription medications may be provided to a patient or patient's agent unless the prescription medication is a refill medication that the pharmacist has checked, released for furnishing to the patient and was determined not to require the consultation of a pharmacist.

During the temporary absence of the pharmacist, an intern pharmacist may not

perform any discretionary duties nor otherwise act as a pharmacist. However, the intern pharmacist may perform non-discretionary tasks. Other ancillary staff may also continue to perform the non-discretionary duties authorized to them by Pharmacy Law.

(BPC 4110.5(a), 16 CCR 1714.1, 16 CCR 1793.2)

17.Q: Our mobile unit has very limited storage space. Where can a mobile unit store its records?

A: All records required by BPC 4081 and 4105 may be temporarily stored in the mobile unit while it is in operation. At the end of the day, when the mobile unit is not in operation, all records required by BPC 4081 and 4105 must be transferred and maintained on the licensed pharmacy premises that is operating the mobile unit.

(BPC 4110.5, BPC 4081, BPC 4105)

18.Q: Are the prescription labels dispensed by the mobile unit required to have patient-centered labeling?

A: Yes, all prescription medication dispensed by the mobile unit must comply with all labeling requirements applicable to a California licensed pharmacy, including all the requirements for patient-centered labeling.

(BPC 4076, BPC 4076.5, 16 CCR 1707.5)

19.Q: Are pharmacists required to provide consultation for new prescriptions dispensed from the mobile unit?

A: Yes. The mobile unit is an extension of a pharmacy license held by a county, city and county, or special hospital authority. Therefore, the duty to consult applies to pharmacists working in mobile units in the same manner as it applies to pharmacists working in any other pharmacy.

(BPC 4110.5, 16 CCR 1707.2)

20.Q: If a physician is practicing in the mobile unit, writes a new prescription for the patient and consults the patient on how to take the new medication, is the pharmacist also required to provide consultation to the patient when the mobile unit dispenses the new prescription to the patient?

A: Yes, the pharmacist is still responsible to provide patient consultation pursuant to 16 CCR 1707.2.

(BPC 4110.5, 16 CCR 1707.2)

21.Q: Does a Board inspector have the authority to inspect a mobile unit?

A: Yes. Inspectors employed by the Board (or by the Division of Investigation of the Department of Consumer Affairs) may inspect during business hours all pharmacies or places where drugs or devices are compounded, prepared, furnished, dispensed, or stored.

(BPC 4008)

22.Q: When the mobile unit is in use, what operational standards and security measures apply to the mobile unit?

A: The mobile unit is operated as an extension of a pharmacy license held by the county, city and county, or special hospital authority. Therefore, the mobile unit is required to maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured, and distributed. Further, the mobile unit and fixtures and equipment must be maintained in a clean and orderly condition, and the mobile unit must be dry, well-ventilated, free from rodents and insects, and properly lighted.

Each pharmacist while on duty in the mobile unit is responsible for the security of prescription drugs in the mobile unit, including provisions for effective control against theft or diversion of dangerous drugs and devices, and records for such

drugs and devices.

- (16 CCR 1714)

23. Q: Can the mobile unit carry and dispense controlled substances?

A: Mobile units can only carry and dispense Schedule III, Schedule IV, or Schedule V controlled substances approved by the FDA for the treatment of opioid use disorder.

(BPC 4110.5(d))

24. Q: How much buprenorphine, a Schedule III controlled substance approved by the FDA for the treatment of opioid use disorder, can be carried and stored on the mobile unit?

A: Any Schedule III, Schedule IV, or Schedule V controlled substance approved by the FDA for the treatment of opioid use disorder shall be carried in reasonable quantities based on prescription volume and stored securely in the mobile pharmacy unit.

(BPC 4110.5(d)(2))

25. Q: Can the mobile unit carry and dispense naltrexone?

A: Yes. Naltrexone is not a federally scheduled controlled substance. Currently, there is no prohibition, against a mobile unit carrying or dispensing this drug.

(BPC 4110.5)

26. Q: Does the mobile unit have to report the controlled substances dispensed for the treatment of opioid use disorder to CURES?

A: Yes.

(HSC 11165 (d))

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