COMMONWEALTH OF VIRGINIA
Meeting of the Board of Pharmacy

Perimeter Center, 9960 Mayland Drive, Third Floor **(804) 367-4456 (Tel)**
Henrico, Virginia 23233 **(804) 527-4472(Fax)**

Tentative Agenda of Full Board Meeting
June 25, 2024
9AM

TOPIC	**PAGES**

Call to Order of Public Hearing: Dale St.Clair, PharmD, Chairman
- Welcome & Introductions

Public Hearings:
- Placing Certain Chemicals into Schedule I — **103-111**
- Proposed regulations for exemption of automated dispensing devices stocked solely with emergency or stat-use medications from certain requirements of 18VAC110-20-555. — **185-189**

Adjournment of Public Hearings

Call to Order of Full Board Meeting: Dale St.Clair, PharmD, Chairman
- Approval of Agenda

Approval of Previous Board Meeting Minutes: — **3-19**
- May 2, 2024, Full Board Meeting
- May 2, 2024, Public Hearings
- May 2, 2024, Formal Hearing
- May 15, 2024, Telephone Conference Call
- May 24, 2024, Telephone Conference Call
- June 5, 2024, Telephone Conference Call

Call for Public Comment: The Board will receive public comment at this time. The Board will not receive comment on any regulation process, including petitions for rulemaking, for which a public comment period has closed, or any pending disciplinary matters.

DHP Director's Report: Arne Owens

Legislative/Regulatory/Guidance: Erin Barrett, JD/Caroline Juran, RPh
- Chart of Regulatory Actions — **20-23**
- Consideration of petition for rulemaking to add Kratom to Schedule I — **Attachment 1**
- Adoption of emergency regulations for central fill pharmacies and remote processing by pharmacy technicians — **24-50**
- Adoption of final action on allowances for centralized warehouser/wholesale distributor to verify Schedule VI drugs for ADDs in hospitals — **51-61**
- Adoption of proposed regulatory amendments for licensure fee increase — **62-65 with handout**
- Adoption of exempt action conforming scheduling regulation(s) to 2024 General Assembly actions — **66-89**
- Adoption of final regulatory action – implementation of 2022 legislation for pharmacists initiating treatment — **90-102**
- Adoption of exempt regulatory action – addition of chemicals to Schedule I — **103-111**
- Amendment of Guidance Document 110-9 — **112-129**
- Discussion regarding pharmacy technician educational standard and workforce challenges and amend 2024 Pharmacy Technician Workforce Survey Report — **130-184**

New Business:

- Discussion regarding 2024 map of pharmacy permit locations **190-200**
- Elections of Chairman and Vice-Chairman, July 1, 2024 through June 30, 2025
- Schedule 2025 meeting dates **201**
- Consideration of agency subordinate recommendations **Confidential Attachment**

Reports:

- Chairman's Report –Dale St.Clair, PharmD
- Report on Board of Health Professions – Sarah Melton, PharmD
- Report on Licensure Program– Ryan Logan, RPh **202-205**
- Report on Inspection Program – Melody Morton, Inspections Manager, Enforcement Division **206-209**
- Report on Disciplinary Program – Ellen B. Shinaberry, PharmD **210-216**
- Executive Director's Report – Caroline D. Juran, RPh **Handout**

Consideration of consent orders, summary suspensions, or summary restrictions, if any.

Adjourn

****The Board will have a working lunch at approximately 12pm.****

*****A panel of the Board will tentatively convene at 2:00pm or immediately following adjournment of the board meeting, whichever is later. *****

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
MINUTES OF FULL BOARD MEETING

Thursday, May 2, 2024

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER:	A full board meeting was called to order at 9:15AM.
PRESIDING:	Dale St. Clair, PharmD, Chairman
MEMBERS PRESENT:	Cheri Garvin, RPh, Vice Chair Shannon Dowdy, PharmD Michelle Hoffer, JD Larry Kocot, JD Wendy Nash, PharmD Kristopher Ratliff, DPh Patricia Richards-Spruill, RPh Ling Yuan, PharmD
MEMBER ABSENT:	Sarah Melton, PharmD
STAFF PRESENT:	Caroline Juran, RPh, Executive Director James Rutkowski, JD, Senior Assistant Attorney General Erin Barrett, JD, Director of Legislative and Regulatory Affairs, DHP James Jenkins Jr., RN, Agency Deputy Director Sorayah Haden, Executive Assistant Ellen Shinaberry, PharmD, Deputy Executive Director Ryan Logan, RPh, Deputy Executive Director Annette Kelley, MS, CSAC, Deputy Executive Director Beth O'Halloran, RPh, Deputy Executive Director
PHARMACISTS AWARDED 1-HOUR OF LIVE OR REAL-TIME INTERACTIVE CONTINUING EDUCATION FOR ATTENDING MEETING:	Gill Abernathy Katrina Trelease
QUORUM:	With 9 members present, a quorum was established.
APPROVAL OF AGENDA:	The chairman stated that several handouts had been provided at the board

members' seats and on the public table which included: a 2024 updated legislative report; revised draft emergency regulatory amendments related to emergency medical services; revised draft emergency regulatory amendments for crisis stabilization services and use of automated drug dispensing systems and remote dispensing systems; and several written public comments submitted prior to the meeting. No additional amendments were offered. The agenda was approved as presented.

APPROVAL OF PREVIOUS BOARD MEETING MINUTES

Amendments were offered to the draft minutes included in the agenda packet.

MOTION:

The chairman stated the minutes for the meetings held between March 28, 2024 and April 11, 2024 were approved as presented and amended as follows:

- **Change the respondent's name from "Lewis" to "Turner" in meeting minutes for the Telephone Conference Call held on April 11, 2024.**

ACTION ITEM:

In response to Mr. Kocot's inquiry regarding educational standards and workforce challenges of pharmacy technicians, the chairman stated this issue is already tentatively scheduled for the June full board meeting.

PUBLIC COMMENT:

Michael Player, Executive Director, Peninsulas EMS Council, Inc. and co-chairman of a regional EMS task force thanked the board and staff for their efforts to accommodate the requests of the EMS stakeholders during the drafting of emergency regulations.

Gill Abernathy, Pharmacy Manager, Inova Health System thanked the board and provided the following public comments:

- Amend 18VAC110-20-500 B to state "Unless prohibited by federal law and regulation, a hospital pharmacy may prepare a kit for an EMS agency provided…",
- Requirements to place only Schedule VI in a drug kit and Schedule II-V in a separate drug kit did not previously exist and may be problematic,
- Insert headings to distinguish the different models,
- Amend 18VAC110-20-721 C1 to remove "emergency" stating.

Josh Crawford provided public comment on behalf of the Virginia Society of Health-System Pharmacists consistent with the written comment previously provided as a handout.

LEGISLATIVE/ REGULATORY/GUIDANCE

2024 UPDATED LEGISLATIVE REPORT

Erin Barrett briefly reviewed the handout of the updated legislative report.

CHART OF REGULATORY ACTIONS

Ms. Barrett briefly reviewed the chart in the agenda packet and provided updated information. Ms. Barrett stated the proposed 18VAC110-20 regulations regarding the Pharmacy Working Conditions is now at the Governor's Office for review.

ADOPTION OF EMERGENCY REGULATORY AMENDMENTS REGARDING EMERGENCY MEDICAL SERVICE AGENCIES

The Board carefully reviewed and discussed the adoption of the emergency regulatory amendments regarding Emergency Medical Service Agencies. The following documents were taken into consideration: Excerpts of USC §823, DEA Notice of Proposed Rulemaking, written comments received as of 4/18/2024, additional written comments received prior to the board meeting, and the revised draft regulatory amendments provided as a handout.

MOTION:

The Board voted unanimously to adopt emergency regulatory amendments and a Notice of Intended Regulatory Action for replacement regulations regarding emergency medical service agencies as presented in the handout and amended as follows:

- **18VAC110-20-10, amend last sentence of the definition of "other EMS vehicle" by inserting ", regional EMS council" after "…registered to an EMS agency";**
- **18VAC110-20-10, amend definition of "registered location" by inserting "Schedule II-VI" prior to "controlled substances" and replace "distributors" with "those entities authorized to distribute";**
- **18VAC110-20-500 A, strike "emergency" after "obtain";**
- **18VAC110-20-500 B, replace "the US Food and Drug Administration" with "federal law", strike "hospital" prior to "pharmacy";**
- **18VAC110-20-500 B1, strike "hospital", "and Schedule VI controlled devices", and "The Schedule VI controlled devices may be provided in a kit separate from the prescription drugs.";**
- **18VAC110-20-500 B2, strike "or Schedule VI controlled devices";**
- **18VAC110-20-500 B2a, strike "hospital";**
- **18VAC110-20-500 B3, strike "and devices";**
- **18VAC110-20-500 B7, strike "and devices";**
- **18VAC110-20-500 B9, strike "or device";**
- **18VAC110-20-500 B10, insert "pharmacy technician" before "or prescriber";**
- **18VAC110-20-500 B11, strike "hospital";**
- **18VAC110-20-500 C, separate paragraph into the three different scenarios and replace "with written approval from the DEA" with "consistent with federal law";**
- **18VAC110-20-500 E and E2, strike "hospital";**
- **18VAC110-20-500 E4, strike "and devices";**
- **18VAC110-20-500 E5, strike "or devices" in three places;**
- **18VAC110-20-500 E6, strike "or devices", replace "Schedule II,**

III, IV, or V" with "such Schedule VI", and strike "sealed",

- **18VAC110-20-500 F, strike "and devices",**
- **18VAC110-20-500 should no longer be included in the hospital section of the regulations now that restrictions to "hospital" have been removed. 18VAC110-20-500 will be repealed, moved to a new section, and incorporate the aforementioned amendments.**
- **18VAC110-20-690 B, after "agencies" insert "and regional EMS councils",**
- **18VAC110-20-720, insert "unusual" prior to "loss",**
- **18VAC110-20-720 2, insert at the beginning "Except as provided in subsection 9,",**
- **18VAC110-20-720 9, restructure wording to accommodate electronic storage allowance in 2,**
- **18VAC110-20-721 B, strike "hospital", correct lettering of subsection,**
- **18VAC110-20-721 D1, strike "emergency",**
- **18VAC110-20-721 E, at the beginning insert "To the extent permitted by federal law,", and**
- **18VAC110-20-505, strike "hospital". In A1, after "supervising practitioner" insert "or responsible party", restructure section by creating a new subsection B that applies only to EMS and ensure subsection A applies to pharmacies. (motion by Nash, seconded by Garvin)**

REPEAL GUIDANCE DOCUMENT 110-41, "EMERGENCY MEDICAL SERVICES DRUG KITS"

The Board discussed the consideration of repealing Guidance Document 110-41, "Emergency Medical Services Drug Kits", as it may conflict with the adopted emergency regulatory amendments to EMS-related regulations. Staff indicated it can develop a policy document for educational purposes if needed.

MOTION:

The Board voted unanimously to repeal Guidance Document 110-41. (motion by Richards-Spruill, seconded by Garvin)

ADOPTION OF EMERGENCY REGULATIONS REGARDING CRISIS STABILIZATION SERVICES, USE OF AUTOMATED DRUG DISPENSING SYSTEMS AND REMOTE DISPENSING SYSTEMS

The Board reviewed and discussed the handout of the draft emergency regulatory amendments regarding crisis stabilization services, and use of automated drug dispensing systems, and remote dispensing systems, along with the relevant information in the agenda packet.

MOTION

The Board voted unanimously to adopt the emergency regulatory amendments regarding crisis stabilization services, use of automated drug dispensing systems, and remote dispensing systems as presented

and amended as follows:

- **18VAC110-20-555 3, replace "for the purpose of stocking or reloading" with "as designated by the PIC or pharmacist on duty",**
- **18VAC110-20-555 11, after "envelope" insert "and if not self-administered.", and**
- **18VAC110-20-555 13, replace "cannister" with "placed in bulk bins". (motion by Yuan, seconded by Hoffer)**

GUIDANCE DOCUMENT 110-19:

The board discussed identifying "other facilities" that may use automated dispensing systems and remote dispensing systems pursuant to 54.1-3434.02 in Guidance Document 110-19. The board reviewed the draft version on page 135 of the agenda packet.

MOTION:

The Board voted unanimously to amend Guidance Document 110-19 as presented. (motion by Garvin, seconded by Dowdy)

ADOPTION OF FAST-TRACK REGULATION OF QUALITY STANDARDS FOR LABORATORIES TESTING SAMPLES FOR PHARMACEUTICAL PROCESSORS

Staff indicated there is a requirement for the board to establish quality standards for laboratories pursuant to § 4.1-1602 that was previously in 54.1-3442.6. The standards were previously adopted in 18VAC110-60-300 A but were inadvertently repealed when the medical cannabis program transitioned to the VCCA on January 1, 2024. Staff recommends the board re-adopt the quality standards previously included in 18VAC110-60-300 A to satisfy the statutory requirement for the board to establish quality standards.

MOTION

The Board voted unanimously to adopt a Notice of Intended Regulatory Action for fast-track regulation to establish quality standards for laboratories testing samples of pharmaceutical processors. (motion by Nash, seconded by Garvin)

AMEND GUIDANCE DOCUMENT 110-33, "PHARMACY INTERNS AS PHARMACY TECHNICIANS, PHARMACY TECHNICIAN RATIO, DOCUMENTATION OF PREVIOUS PRACTICE"

Staff sought clarification regarding whether an out-of-state applicant must hold a current active license or registration in another U.S. jurisdiction at the time application is submitted to Virginia for a pharmacy technician registration and if Guidance Document 110-33 needed to be amended. Board counsel advised that the law and regulations do not require an out-of-state applicant to hold a current active license or registration in another U.S. jurisdiction at the time application is submitted to Virginia for a pharmacy technician registration and therefore, such restriction could not be required in guidance. Therefore, no action was taken on Guidance Document 110-33.

CONSIDERATION OF CONSENT ORDERS, SUMARY SUSPENSIONS,

OR SUMMARY
RESTRICTIONS

CVS Pharmacy #2691 CVS Pharmacy #3794	Sean Murphy, Assistant Attorney General, presented consent orders for Board consideration regarding CVS Pharmacy #2691 (License #0201-003705) and CVS Pharmacy #3794 (License #0201-003379).
DECISION	Upon a motion by Garvin, and duly seconded by Hoffer, the Board unanimously voted to accept the consent orders for CVS Pharmacy #2691 (License #0201-003705) and CVS Pharmacy #3794 (License #0201-003379).
MEETING ADJOURNED:	3:30 PM

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Caroline Juran, RPh
Executive Director

DATE:

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
MINUTES OF PUBLIC HEARING OF PROPOSED REGULATIONS REGARDING ALLOWANCE FOR CENTRALIZED WAREHOUSER OR WHOLESALE DISTRIBUTOR TO VERIFY SCHEDULE VI DRUGS FOR AUTOMATED DISPENING DEVICES IN HOSPITALS AND
PROPOSED REGULATIONS FOR 2022 LEGISLATION REGARDING PHARMACISTS INITIATING TREATMENT

Thursday, May 2, 2024

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER:	A full board meeting was called to order at 9:03 AM.
PRESIDING:	Dale St. Clair, PharmD, Chairman
MEMBERS PRESENT:	Cheri Garvin, RPh, Vice Chairman Shannon Dowdy, PharmD Michelle Hoffer, JD Larry Kocot, JD Wendy Nash, PharmD Kristopher Ratliff, DPh Patricia Richards-Spruill, RPh Ling Yuan, PharmD
MEMBER ABSENT:	Sarah Melton, PharmD
STAFF PRESENT:	Caroline Juran, RPh, Executive Director James Rutkowski, Senior Assistant Attorney General Erin Barrett, JD, DHP Director of Legislative and Regulatory Affairs James Jenkins Jr., RN, DHP Deputy Director Sorayah Haden, Executive Assistant Beth O'Halloran, RPh, Deputy Executive Director Ellen Shinaberry, PharmD, Deputy Executive Director Ryan Logan, RPh, Deputy Executive Director Annette Kelley, MS, CSAC, Deputy Executive Director
QUORUM:	With 9 members present, a quorum was established.

PUBLIC COMMENT:

The Chairman indicated the public hearing is being held to consider the following proposed regulations:

- Allowance for centralized warehouser and wholesale distributor to verify Schedule VI drugs for automated dispensing devices in hospitals, and
- 2022 legislation regarding pharmacist initiating treatment.

Natalie Nguyen, PharmD, MSHA, President of Virginia Society of Health-System Pharmacists provided comment consistent with written comment that was provided to the board as a handout. VSHP requested the board amend the proposed regulation regarding allowances for centralized warehouser or wholesale distributor to verify Schedule VI drugs for automated dispensing devices in hospitals as scanning each unit dose is not feasible at the time of restocking within automated dispensing devices. They support scanning one unit dose from the group of doses needed and visually inspecting the remaining doses.

Pharmacist Gill Abernathy provided public comment in support of VSHP's comment regarding the scanning of units.

Pharmacist Courtney Fuller provided public comment in support of VSHP's comment regarding the scanning of units. Dr. Fuller also requested an allowance for pharmacists to provide digital signatures and she recommended establishing a threshold of 90% for barcode scanning.

No comments were offered regarding the proposed regulations for 2022 legislation regarding pharmacist initiating treatment.

MEETING ADJOURNED: 9:12 AM

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Caroline Juran, RPh
Executive Director

DATE:

(FINAL/APPROVED)
VIRGINIA BOARD OF PHARMACY
FORMAL HEARING

Thursday, May 2, 2024
Commonwealth Conference Center
Second Floor
Board Room 2

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

Orders/Consent Orders referred to in these minutes are available upon request

CALL TO ORDER:	A meeting of a panel of the Board of Pharmacy ("Board") was called to order at 3:55 PM for the purpose of a formal hearing in the matter of Selena Beals to discuss allegations that she may have violated certain laws and regulations governing the practice of pharmacy technician trainees in Virginia as provided in the notice dated February 16, 2024.
PRESIDING:	Dale St. Clair, Chairman
MEMBERS PRESENT:	Ms. Michelle Hoffer Mrs. Patricia Richards-Spruill Ms. Cheri Garvin Dr. Ling Yuan Dr. Kris Ratliff Dr. Wendy Nash Dr. Shannon Dowdy
STAFF PRESENT:	Caroline D. Juran, Executive Director Ellen B. Shinaberry, Deputy Executive Director James Rutkowski, Assistant Attorney General Jess Weber, Adjudication Specialist Sorayah Haden, Executive Assistant Annette Kelley, Deputy Executive Director
PANEL:	With eight (8) members of the Board present, a panel of the board was established.
SELENA BEALS REGISTRATION NO.: 0245008313	Jess Weber, Adjudication Specialist, presented the case on behalf of the Commonwealth. Selena Beals was not present at the hearing and was not represented by counsel.

WITNESSES:	Meghan Wingate, Senior Investigator for DHP testified in person on behalf of the Commonwealth.
CLOSED MEETING:	Upon a motion by Ms. Garvin, and duly seconded by Mrs. Richards-Spruill, the Board voted 8-0, to convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia ("Code"), for the purpose of deliberation to reach a decision regarding the matter of Selena Beals. Additionally, she moved that Ellen Shinaberry, Caroline Juran, Jim Rutkowski, Annette Kelley, and Sorayah Haden attend the closed meeting.
RECONVENE:	Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Board reconvened an open meeting and announced the decision. (Garvin/Ratliff)
DECISION:	Upon a motion by Dr. Dowdy, and duly seconded by Dr. Nash, the Board voted 8-0 to accept the Findings of Fact and Conclusions of law as presented by the Commonwealth and amended by the Board. Upon a motion by Ms. Hoffer, and duly seconded by Mrs. Richards-Spruill, the board voted 8-0 to revoke the pharmacy technician trainee registration of Selena Beals.
ADJOURNED:	4:13 PM

Caroline D. Juran, Executive Director

Date

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
MINUTES OF TELEPHONE CONFERENCE CALL

Wednesday, May 15, 2024

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Orders/Consent Orders referred to in these minutes are available upon request

TIME & PURPOSE: Pursuant to § 54.1-2408.1(A) of the Code of Virginia, a telephone conference call of the Virginia Board of Pharmacy ("TCC") was held on May 15, 2024, at 9:00 AM, to consider the summary suspension in case number 236862.

PRESIDING: Dale St. Clair, Chairman

MEMBERS PRESENT:
Larry Kocot
Kristopher Ratliff
Sarah Melton
Cheri Garvin
Shannon Dowdy
Michelle Hoffer

STAFF PRESENT:
Ellen Shinaberry, Deputy Executive Director
Mykl Egan, Discipline Case Manager
Caroline Juran, Executive Director
James Rutkowski, Senior Assistant Attorney General
Sean Murphy, Assistant Attorney General
Jess Weber, DHP Adjudication Specialist

POLL OF MEMBERS: The Board members were polled prior to the telephone conference call as to whether they could have attended a regular meeting at the office in a timely manner for the purpose of hearing evidence in a possible summary suspension case. With the except of Mr. Kocot, the Board members stated that they would not have been able to attend.

With seven (7) members participating, it was established that a quorum could not have been convened in a regular meeting to consider this matter.

JENNIFER CLARKE
License No. 0202-205803

Sean Murphy, Senior Assistant Attorney General, presented a summary of the evidence in case no. 236862 regarding the pharmacist license of Jennifer Clarke.

DECISION:

Upon a motion by Dr. Ratliff and duly seconded by Dr. Dowdy, the Board unanimously voted (7-0) that, with the evidence presented, the practice as a pharmacist by Jennifer Clarke poses a substantial danger to the public; and therefore, the license of Ms. Clarke shall be summarily suspended, and with the Notice of formal hearing, a Consent Order shall be offered to Mr. Lewis in lieu of the formal hearing.

ADJOURN:

With all business concluded, the meeting adjourned at 9:17 AM.

Ellen B. Shinaberry, PharmD
Deputy Executive Director

Date

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
MINUTES OF TELEPHONE CONFERENCE CALL

Friday, May 24, 2024

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Orders/Consent Orders referred to in these minutes are available upon request

TIME & PURPOSE: Pursuant to § 54.1-2408.1(A) of the Code of Virginia, a telephone conference call of the Virginia Board of Pharmacy ("TCC") was held on May 24, 2024, at 10:05 AM, to consider the summary suspension in case numbers 228507 and 232424.

PRESIDING: Dale St. Clair, Chairman

MEMBERS PRESENT:
Larry Kocot
Kristopher Ratliff
Sarah Melton
LingYuan
Shannon Dowdy
Michelle Hoffer

STAFF PRESENT:
Mykl Egan, Discipline Case Manager
Caroline Juran, Executive Director
James Rutkowski, Senior Assistant Attorney General
Mandy Wilson, Assistant Attorney General
Rebecca Ribley, DHP Adjudication Specialist

POLL OF MEMBERS: The Board members were polled prior to the telephone conference call as to whether they could have attended a regular meeting at the office in a timely manner for the purpose of hearing evidence in a possible summary suspension case. The Board members stated that they would not have been able to attend.

With seven (7) members participating, it was established that a quorum could not have been convened in a regular meeting to consider this matter.

LAUREN BOSTJANICK License No. 0230-027606	Mandy Wilson, Assistant Attorney General, presented a summary of the evidence in case nos. 228057 and 232424 regarding the pharmacy technician registration of Lauren Bostjanick.
DECISION:	Upon a motion by Dr. Ratliff and duly seconded by Dr. Melton, the Board unanimously voted (7-0) that, with the evidence presented, the practice as a pharmacy technician by Lauren Bostjanick poses a substantial danger to the public; and therefore, the registration of Ms. Bostjanick shall be summarily suspended, and with the Notice of formal hearing, a Consent Order shall be offered to Ms. Bostjanick in lieu of the formal hearing.
ADJOURN:	With all business concluded, the meeting adjourned at 10:25 AM.

Mykl Egan, J.D.
Discipline Case Manager

Date

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
MINUTES OF TELEPHONE CONFERENCE CALL

Wednesday, June 5, 2024

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Orders/Consent Orders referred to in these minutes are available upon request

TIME & PURPOSE: Pursuant to § 54.1-2408.1(A) of the Code of Virginia, a telephone conference call of the Virginia Board of Pharmacy ("TCC") was held on June 5, 2024, at 12:00 PM, to consider summary suspensions in case numbers 233415 and 234337.

PRESIDING: Dale St. Clair, Chairman

MEMBERS PRESENT:
Cheri Garvin
Kristopher Ratliff
Sarah Thomason
Ling Yuan
Michelle Hoffer

STAFF PRESENT:
Ellen Shinaberry, Deputy Executive Director
Mykl Egan, Discipline Case Manager
Caroline Juran, Executive Director
James Rutkowski, Senior Assistant Attorney General
Sean Murphy, Assistant Attorney General
Jess Webber, DHP Adjudication Specialist
Rebecca Ribley, DHP Adjudication Specialist

POLL OF MEMBERS: The Board members were polled prior to the telephone conference call as to whether they could have attended a regular meeting at the office in a timely manner for the purpose of hearing evidence in a possible summary suspension case. The Board members stated that they would not have been able to attend.

With six (6) members participating, it was established that a quorum could not have been convened in a regular meeting to consider this matter.

ALEXANDRIA COMPOUNDING PHARMACY Permit No. 0201-005087	Sean Murphy, Senior Assistant Attorney General, presented a summary of the evidence in case no. 233415 regarding the pharmacy permit of Alexandria Compounding Pharmacy. Mr. Murphy was assisted by Rebecca Ribley and Jess Weber, Adjudication Specialists.
CLOSED MEETING:	Upon a motion by Ms. Garvin, and duly seconded by Dr. Ratliff, the Board voted 6-0, to convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia ("Code"), for the purpose of deliberation to reach a decision regarding the matter of Alexandria Compounding Pharmacy. Additionally, she moved that Ellen Shinaberry, Caroline Juran, Jim Rutkowski, and Mykl Egan attend the closed meeting.
RECONVENE:	Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Board reconvened an open meeting and announced the decision. (Garvin/Yuan)
DECISION:	Upon a motion by Dr. Ratliff and duly seconded by Ms. Hoffer, the Board unanimously voted (6-0) that, with the evidence presented, the practice of Alexandria Compounding Pharmacy poses a substantial danger to the public; and therefore, the permit shall be summarily suspended and with the Notice of formal hearing, a Consent Order shall be offered to Alexandria Compounding Pharmacy in lieu of the formal hearing.
KIMBERLY HENLEY License No. 0202-207272	Sean Murphy, Senior Assistant Attorney General, presented a summary of the evidence in case no. 234337 regarding the pharmacist license of Kimberly Henley. Mr. Murphy was assisted by Rebecca Ribley, Adjudication Specialist, and Jess Weber, Adjudication Specialist.
CLOSED MEETING:	Upon a motion by Ms. Garvin, and duly seconded by Ms. Hoffer, the Board voted 6-0, to convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of

	Virginia ("Code"), for the purpose of deliberation to reach a decision regarding the matter of Selena Beals. Additionally, she moved that Ellen Shinaberry, Caroline Juran, Jim Rutkowski,, and Mykl Egan attend the closed meeting.
RECONVENE:	Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Board reconvened an open meeting and announced the decision. (Garvin/Hoffer)
DECISION:	Upon a motion by Dr. Thomason and duly seconded by Dr. Yuan, the Board unanimously voted (6-0) that, with the evidence presented, the practice as a pharmacist by Kimberly Henley poses a substantial danger to the public; and therefore, the license of Ms. Henley shall be summarily suspended and with the Notice of formal hearing, a Consent Order shall be offered to Ms. Davenport in lieu of the formal hearing.
ADJOURN:	With all business concluded, the meeting adjourned at 1:11 PM.

Ellen B. Shinaberry, PharmD
Deputy Executive Director

Date

Board of Pharmacy
Current Regulatory Actions
As of June 4, 2024

In the Governor's Office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC110-20	Final	Prohibition against incentives to transfer prescriptions	3/29/2017	2204 days; 7.2 years since submission for executive branch review	Addresses a patient safety concern.

In the Secretary's Office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC110-20	NOIRA	Implementation of 2021 Periodic Review	3/21/2022	793 days; 3.2 years since submission for executive branch review	Implementation of changes identified during 2021 periodic review of regulations governing the practice of pharmacy
18VAC110-21	NOIRA	Implementation of 2021 Periodic Review	3/21/2022	793 days; 3.2 years since submission for executive branch review	Implementation of changes identified during 2021 periodic review of regulations governing the licensure of pharmacists and registration of pharmacy technicians
18VAC110-21	Fast-Track	Repeal of outdated sections	4/18/2023	293 days	Repeals outdated regulations regarding pharmacy

					technician registration
18VAC110-30	Proposed	Implementation of 2021 periodic review	4/18/2023	284 days	Implements changes identified during the periodic review process
18VAC110-20	Fast-Track	Amendment to clarify application of 18VAC110-20-735	6/21/2023	280 days	Clarification that certain regulatory requirements only apply to individuals dispensing injectable formulations of naloxone
18VAC110-30	Fast-track	Name change of nurse practitioner to advanced practice registered nurse	9/29/2023	57 days	Changes reference from nurse practitioner to advanced practice registered nurse pursuant to legislation
18VAC110-20	Proposed	Pharmacy working conditions	12/18/2023	5 days	Implements legislation from 2022 Session regarding pharmacy working conditions

In the Department of Planning and Budget

None.

In the Office of the Attorney General

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC110-20	Exempt/ Final	March 2024 scheduling of chemicals in Schedule I	4/4/2024	61 days	Adds chemicals to Schedule I
18VAC110-21	Proposed	2023 pharmacists initiating treatment	4/4/2024	61 days	Implements legislation from 2023 Session regarding pharmacists initiating treatment
18VAC110-20	Emergency/ NOIRA	Allowances for emergency drugs by EMS agencies	5/15/2024	20 days	Specialized provisions for the use of emergency drugs by EMS agencies as a result of federal regulatory changes
18VAC110-20	Emergency/ NOIRA	Crisis stabilization services and use of automated dispensing systems and remote dispensing systems	5/15/2024	20 days	Implements legislation to allow use of ADDs and RDSs by crisis stabilization services
18VAC110-20	Fast-track	Replacement of analytic lab regulation for pharmaceutical processors	5/15/2024	20 days	Replaces the former 18VAC110-60-300(A) into Board of Pharmacy regulations as required by Virginia Code § 4.1-1602

Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date/ next steps
18VAC110-20	Proposed	Centralized warehouser or wholesale distributor verification of Schedule VI drugs for ADDs in hospitals	4/8/2024	Final action before Board for vote
18VAC110-21	Proposed	2022 pharmacists initiating treatment	4/22/2024	Final action before Board for vote
18VAC110-20 et al.	NOIRA	Increase in fees	5/8/2024	Proposed action before Board for vote
18VAC110-20	Proposed	Exemption of ADDs stocked solely with emergency or stat-use medications from certain requirements of 18VAC110-20-555	6/17/2024	Comment period 6/17/2024 – 8/16/2024; public hearing at meeting. Board will vote on final regulations after the close of public comment

Agenda Item: Adoption of emergency regulations for central fill pharmacies and remote processing by pharmacy technicians.

Included in your agenda package:

- HB1068, which is identical to SB607 and requires the Board to promulgate emergency regulations related to central fill and remote processing;
- Draft regulatory changes which comply with the legislation.
- Suggested amendments offered by Publix
- Board orders for Walgreen's central fill and Leesburg Pharmacy's remote pharmacy technicians innovative pilot orders

Staff Note: Legislation and recommended emergency regulations are based on pilot programs previously approved by the Board.

Action needed:

- Motion to adopt emergency regulations and issue a notice of intended regulatory action regarding central fill and remote processing as presented or amended by the Board.

CHAPTER 407

An Act to direct the Board of Pharmacy to promulgate regulations related to pharmacy outsourcing and pharmacy technician remote database access.

[H 1068]

Approved April 4, 2024

Be it enacted by the General Assembly of Virginia:

1. *§ 1. The Board of Pharmacy shall promulgate regulations authorizing a pharmacy located in the Commonwealth or out-of-state to outsource tasks associated with dispensing a prescription drug, including verification for accuracy by a pharmacist and alternate delivery to the pharmacy that received the prescription, to a central fill pharmacy permitted in the Commonwealth as a pharmacy or registered as a nonresident pharmacy. In accordance with the regulations, a central fill pharmacy may operate when sufficient automation is employed to safely support the practice of pharmacy and limit distractions for pharmacy personnel, the central fill pharmacy does not accept prescriptions or communications directly from patients or providers, and dispensing is restricted to Schedule VI drugs. The regulations shall authorize the following: (i) the maximum number of persons performing the duties of a pharmacy technician and support personnel a pharmacist may supervise at one time; however, each pharmacist shall determine the number of persons he can safely and competently supervise at one time, not to exceed the maximum number established by the Board of Pharmacy; (ii) pharmacist verification of a drug canister after filling but prior to being placed on a barcoded automated robotic dispenser, in lieu of pharmacist verification of each prescription product for accuracy; (iii) a one-time written notification or sign of the dispensing and delivery process at the initiating pharmacy receiving the prescription; (iv) allowance for an unregistered and unlicensed person to assist in non-dispensing functions such as inventory, delivery, receiving, or packing of completed prescription orders when supported by barcode scanning or other technology; and (v) delivery of the dispensed drug to the patient's residence or originating pharmacy that received the prescription. The transfer of the prescriptions shall not be required if the pharmacies share a common electronic file or have technology that allows sufficient information necessary for dispensing the prescription.*

§ 2. The Board of Pharmacy shall promulgate regulations that allow for pharmacy technicians to access the pharmacy's database from a remote location for the purpose of performing certain prescription processing functions, as further defined in 18VAC110-20-276 (A) of the Virginia Administrative Code.

2. That the Board of Pharmacy shall promulgate regulations to implement the provisions of this act to be effective within 280 days of its enactment.

§ 54.1-3300. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Dispense" means to deliver a drug to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling, or compounding necessary to prepare the substance for delivery.

18VAC110-20-10. Definitions.

In addition to words and terms defined in §§ 54.1-3300 and 54.1-3401 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Dispensing error" means one or more of the following discovered after the final verification by the pharmacist, regardless of whether the patient received the drug:

1. Variation from the prescriber's prescription drug order, including:

a. Incorrect drug;

b. Incorrect drug strength;

c. Incorrect dosage form;

d. Incorrect patient; or

e. Inadequate or incorrect packaging, labeling, or directions.

2. Failure to exercise professional judgment in identifying and managing:

a. Known therapeutic duplication;

b. Known drug-disease contraindications;

c. Known drug-drug interactions;

d. Incorrect drug dosage or duration of drug treatment;

e. Known drug-allergy interactions;

f. A clinically significant, avoidable delay in therapy; or

g. Any other significant, actual, or potential problem with a patient's drug therapy.

3. Delivery of a drug to the incorrect patient.

4. Variation in bulk repackaging or filling of automated devices, including:

a. Incorrect drug;

b. Incorrect drug strength;

c. Incorrect dosage form; or

d. Inadequate or incorrect packaging or labeling.

18VAC110-20-275. Delivery of dispensed prescriptions.

A. Pursuant to § 54.1-3420.2 B of the Code of Virginia, in addition to direct hand delivery to a patient or patient's agent or delivery to a patient's residence, a pharmacy may deliver a dispensed prescription drug order for Schedule VI controlled substances to another pharmacy, to a practitioner of the healing arts licensed to practice pharmacy or to sell controlled substances, or to an authorized person or entity holding a controlled substances registration issued for this purpose in compliance with this section and any other applicable state or federal law. Prescription drug orders for Schedule II through Schedule V controlled substances may not be delivered to an alternate delivery location unless such delivery is authorized by federal law and regulations of the board.

B. Delivery to another pharmacy.

1. One pharmacy may fill prescriptions and deliver the prescriptions to a second pharmacy for patient pickup or direct delivery to the patient provided the two pharmacies have the same owner, or have a written contract or agreement specifying the services to be provided by each pharmacy, the responsibilities of each pharmacy, and the manner in which each pharmacy will comply with all applicable federal and state law.

2. Each pharmacy using such a drug delivery system shall maintain and comply with all procedures in a current policy and procedure manual that includes the following information:

a. A description of how each pharmacy will comply with all applicable federal and state law;

b. The procedure for maintaining required, retrievable dispensing records to include which pharmacy maintains the hard-copy prescription, which pharmacy maintains the active prescription record for refilling purposes, how each pharmacy will access prescription information necessary to carry out its assigned responsibilities, method of recordkeeping for identifying the pharmacist responsible for dispensing the prescription and counseling the patient, and how and where this information can be accessed upon request by the board;

c. The procedure for tracking the prescription during each stage of the filling, dispensing, and delivery process;

d. The procedure for identifying on the prescription label all pharmacies involved in filling and dispensing the prescription;

e. The policy and procedure for providing adequate security to protect the confidentiality and integrity of patient information;

f. The policy and procedure for ensuring accuracy and accountability in the delivery process;

g. The procedure and recordkeeping for returning to the initiating pharmacy any prescriptions that are not delivered to the patient; and

h. The procedure for informing the patient and obtaining consent for using such a dispensing and delivery process.

3. Drugs waiting to be picked up at or delivered from the second pharmacy shall be stored in accordance with subsection A of 18VAC110-20-200.

C. Delivery to a practitioner of the healing arts licensed by the board to practice pharmacy or to sell controlled substances or other authorized person or entity holding a controlled substances registration authorized for this purpose.

1. A prescription may be delivered by a pharmacy to the office of such a practitioner or other authorized person provided there is a written contract or agreement between the two parties describing the procedures for such a delivery system and the responsibilities of each party.

2. Each pharmacy using this delivery system shall maintain a policy and procedure manual that includes the following information:

a. Procedure for tracking and assuring security, accountability, integrity, and accuracy of delivery for the dispensed prescription from the time it leaves the pharmacy until it is handed to the patient or agent of the patient;

b. Procedure for providing counseling;

c. Procedure and recordkeeping for return of any prescription medications not delivered to the patient;

d. The procedure for assuring confidentiality of patient information; and

e. The procedure for informing the patient and obtaining consent for using such a delivery process.

3. Prescriptions waiting to be picked up by a patient at the alternate site shall be stored in a lockable room or lockable cabinet, cart, or other device that cannot be easily moved and that shall be locked at all times when not in use. Access shall be restricted to the licensed practitioner of the healing arts or the responsible party listed on the application for the controlled substances registration, or either person's designee.

D. The contracts or agreements and the policy and procedure manuals required by this section for alternate delivery shall be maintained both at the originating pharmacy as well as the alternate delivery site.

E. A controlled substances registration as an alternate delivery site shall only be issued to an entity without a prescriber or pharmacist present at all times the site is open if there is a valid patient health or safety reason not to deliver dispensed prescriptions directly to the patient and if compliance with all requirements for security, policies, and procedures can be reasonably assured.

F. The pharmacy and alternate delivery site shall be exempt from compliance with subsections B through E of this section if (i) the alternate delivery site is a pharmacy, a practitioner of healing arts licensed by the board to practice pharmacy or sell controlled substances, or other entity holding a controlled substances registration for the purpose of delivering controlled substances; (ii) the

alternate delivery site does not routinely receive deliveries from the pharmacy; and (iii) compliance with subsections B through E of this section would create a delay in delivery that may result in potential patient harm. However, the pharmacy and alternate delivery site shall comply with following requirements:

1. To ensure appropriate coordination of patient care, the pharmacy shall notify the alternate delivery site of the anticipated arrival date of the shipment, the exact address to where the drug was shipped, the name of the patient for whom the drug was dispensed, and any special storage requirements.

2. The pharmacy shall provide counseling or ensure a process is in place for the patient to receive counseling.

3. Prescriptions delivered to the alternate delivery site shall be stored in a lockable room or lockable cabinet, cart, or other device that cannot be easily moved and that shall be locked at all times when not in use. Access shall be restricted to the licensed prescriber, pharmacist, or either person's designee.

4. The pharmacy shall provide a procedure for the return of any prescription drugs not delivered or subsequently administered to the patient.

G. A pharmacy shall not deliver dispensed drugs to a patient's residence that are intended to be subsequently transported by the patient or patient's agent to a hospital, medical clinic, prescriber's office, or pharmacy for administration and that require special storage, reconstitution or compounding prior to administration. An exception to this requirement may be made for patients with inherited bleeding disorders who may require therapy to prevent or treat bleeding episodes.

18VAC110-20-276. Central or remote processing.

A. Centralized or remote processing of a prescription does not include the dispensing of a drug, but does include any of the following activities related to the dispensing process:

1. Receiving, interpreting, analyzing, or clarifying prescriptions;

2. Entering prescription and patient data into a data processing system;

3. Transferring prescription information;

4. Performing a prospective drug review as set forth in § 54.1-3319 of the Code of Virginia;

5. Obtaining refill or substitution authorizations, or otherwise communicating with the prescriber concerning a patient's prescription;

6. Interpreting clinical data for prior authorization for dispensing;

7. Performing therapeutic interventions; or

8. Providing drug information or counseling concerning a patient's prescription to the patient or patient's agent.

B. A pharmacy may outsource certain prescription processing functions as described in subsection A of this section to another pharmacy in Virginia or a registered nonresident pharmacy under the following conditions:

1. The pharmacies shall either have the same owner or have a written contract describing the scope of services to be provided and the responsibilities and accountabilities of each pharmacy in compliance with all federal and state laws and regulations related to the practice of pharmacy;

2. Any central or remote pharmacy shall comply with Virginia law and regulation with respect to requirements for supervision of pharmacy technicians and the duties that are restricted to pharmacists and pharmacy technicians. Pharmacy technicians at the remote pharmacy shall either be registered in Virginia or possess credentials substantially equivalent to those required for a technician registered in Virginia;

3. A pharmacist licensed in Virginia, whether at the remote pharmacy or the dispensing pharmacy, shall perform a check for accuracy on all processing done by the remote processor; and

Commented [CJ1]: Refer to suggested amendments in document from Publix.

4. The pharmacies shall share a common electronic file or have technology that allows sufficient information necessary to process a nondispensing function.

C. Any pharmacy that outsources prescription processing to another pharmacy shall provide notification of such to patients. A one-time written notification or a sign posted in the pharmacy in a location that is readily visible to the public will satisfy this notification requirement. The notice shall state the name of any contract pharmacy providing central or remote prescription processing. If the pharmacy uses a network of pharmacies under common ownership, this fact shall be disclosed in the notice.

D. A policy and procedure manual that relates to central or remote processing shall be maintained at each pharmacy involved in the processing of a prescription and available for inspection. The manual shall at a minimum include the following:

1. The responsibilities of each pharmacy;

2. A list of the name, address, telephone numbers, and permit/registration numbers of all pharmacies involved in central or remote processing;

3. Procedures for protecting the confidentiality and integrity of patient information;

4. Procedures for ensuring that pharmacists performing prospective drug reviews have access to appropriate drug information resources;

5. Procedures for maintaining required records;

6. Procedures for complying with all applicable laws and regulations to include counseling;

7. Procedures for objectively and systematically monitoring and evaluating the quality of the program to resolve problems and improve services; and

8. Procedures for annually reviewing the written policies and procedures for needed modifications and documenting such review.

E. In addition to any other required records, pharmacies engaged in central or remote processing shall maintain retrievable records that show, for each prescription processed, each individual processing function and identity of the pharmacist or pharmacy technician who performs a processing function and the pharmacist who checked the processing function, if applicable.

1. The records may be maintained separately by each pharmacy, or in a common electronic file shared by both pharmacies provided the system can produce a record showing each processing task, the identity of the person performing each task, and the location where each task was performed.

2. The record shall be readily retrievable for at least the past two years through the primary dispensing pharmacy, and shall be available for inspection by the board.

F. Nothing in this section shall prohibit an individual employee licensed as a pharmacist or registered as a pharmacy technician or pharmacy intern performing the duties of a pharmacy technician in Virginia from accessing the employer pharmacy's database from a remote location for the purpose of performing certain prescription processing functions as described in subsection A of this section, provided the pharmacy establishes controls to protect the privacy and security of confidential records.

18VAC110-20-277 Central fill pharmacy.

A. Notwithstanding activities authorized in 18VAC110-20-275, 18VAC110-20-276, and 18VAC110-20-515, a pharmacy located in the Commonwealth or out-of-state may outsource tasks associated with dispensing a prescription drug, including verification for accuracy by a pharmacist and alternate delivery to the originating pharmacy that received the prescription, to a central fill pharmacy permitted in the Commonwealth as a pharmacy or registered as a nonresident pharmacy.

B. A central fill pharmacy may operate if:

1. Sufficient automation is employed to safely support the practice of pharmacy and limit distractions for pharmacy personnel;

2. The central fill pharmacy does not accept prescriptions or communications directly from patients or providers; and

3. Dispensing is restricted to Schedule VI drugs.

C. Notwithstanding § 54.1-3321, an unregistered or unlicensed person may perform the following non-dispensing functions at a central fill pharmacy:

1.The movement of sealed manufacturer bottles from an inventory shelf to a pharmacy technician's workspace for the purpose of filling a cannister when the filling of the cannister is completed by a pharmacist, pharmacy intern, pharmacy technician, or pharmacy technician trainee who barcode scans or uses other technology to verify each individual bottle or package of medication prior to filling the cannister.

2. Manually bagging prepared prescriptions when barcode scanning or use of other technology is used to verify the prescription product vial, prescription medication leaflet, and prescription bag label.

3. Loading an automated robotic dispenser with the pharmacist-verified and sealed cannister when barcode scanning or other technology is used to verify accurate placement of each cannister.

Commented [CJ2]: Publix recommends including pharmacy interns and pharmacy technician trainees. Since the law requires an intern performing pharmacist tasks to be directly monitored by a supervising pharmacist, it appears the intern may only perform duties restricted to a tech.

54.1-3320 states B. A pharmacy intern may engage in the acts to be performed by a pharmacist as set forth in subsection A or the Drug Control Act (§ 54.1-3400 et seq.) for the purpose of obtaining practical experience required for licensure as a pharmacist, if the supervising pharmacist is directly monitoring these activities.

Similar direct monitoring requirement for pharmacy technician trainees.
54.1-3321
F. A pharmacy technician trainee enrolled in a training program for pharmacy technicians described in subdivision B 2 may engage in the acts set forth in subsection A for the purpose of obtaining practical experience required for completion of the training program, so long as such activities are directly monitored by a supervising pharmacist.

Commented [CJ3]: Staff can potentially ask pharmacies to identify practice type via pharmacy permit renewal process.

4. Performing monthly cycle counts of sealed manufacturer-packaged products and sealed canisters; however, the opening of a sealed manufacturer-packaged product or cannister and the counting of an unsealed manufacturer-packaged product or cannister is not permitted.

D. A pharmacist practicing at a central fill pharmacy may supervise up to 12 persons, to include pharmacy technicians, pharmacy technician trainees, pharmacy interns, and unregistered or unlicensed persons performing non-dispensing functions authorized in this subsection. Each pharmacist shall determine the number of persons he can safely and competently supervise at one time.

E. Notwithstanding 18 VAC 110-20-270(B), pharmacist verification of a cannister of medication after it is filled and sealed but prior to being loaded into a barcoded automated robotic dispenser serves as the final product verification of a prescription. Pharmacists shall verify and check for the accuracy of all drugs packaged or repackaged for use by the robot by a visual check of the contents prior to stocking the drugs in the robotic pharmacy system. A repackaging record shall be maintained in accordance with 18VAC110-20-355(A), and the verifying pharmacist shall initial the record. Packaging and labeling, including the appropriate beyond-use date, shall conform to requirements of this chapter and current USP-NF standards. This provision shall not constitute a waiver of the requirement for a pharmacist to verify the accuracy of data entry of the prescription.

F.A central fill pharmacy shall ensure that each pharmacy receiving dispensed drugs from the central fill pharmacy shall provide a one-time written notification or a sign posted in the pharmacy in a location that is readily visible to the public as its notification of the dispensing and delivery process. 18VAC110-20-275 B 2 h shall not apply to central fill pharmacies and those pharmacies receiving dispensed drugs from central fill pharmacies.

G. A written policy and procedure must be maintained by the central fill pharmacy and complied with and shall include, at minimum, procedures for ensuring:

1.Accurate packaging and repackaging of all drugs for use in the robotic pharmacy system, to include properly labeled barcodes and the method for ensuring pharmacist verification of all packaged and repackaged drugs compliant with this section and assigned barcodes;

2. Accurate stocking and restocking of the robotic pharmacy system;

3. Removing expired drugs;

4. Proper handling of drugs that may be dropped by the robotic pharmacy system;

5.Performing routine maintenance of the robotic pharmacy system as indicated by manufacturer's schedules and recommendations;

6. Appropriately performing an analysis to investigate, identify, and correct sources of discrepancies or errors associated with the robotic pharmacy system; and

7. Maintaining quality assurance reports.

H. All manual picks for dispensing at a central fill pharmacy shall be verified for accuracy by a pharmacist.

I. If it is identified that the robot at a central fill pharmacy selected an incorrect medication, the pharmacy shall identify and correct the source of discrepancy or error in compliance with the pharmacy's policies and procedures prior to resuming full operation of the robot. An investigation of the cause of the event shall be completed, and the outcome of the corrective action plan shall be summarized and documented in a readily retrievable format.

J. One prescription per automated dispensing device per quarter shall be redirected to a pharmacist to audit for prescription product accuracy in all components. Quarterly quality assurance records related to these audits shall be maintained for two years from the date the

audit is performed.

K. A central fill pharmacy may deliver the dispensed drug to the patient's residence or the originating pharmacy that received the prescription pursuant to § 54.1-3420.2 and 18VAC110-20-275.

L. An out-of-state pharmacy solely returning drug that was not delivered to the patient to the central fill pharmacy that dispensed the drug as authorized in § 54.1-3411.1 shall be exempt from obtaining registration as a nonresident pharmacy.

M. The transfer of the prescription between the originating pharmacy that received the prescription and the central fill pharmacy shall not be required if the pharmacies share a common electronic file or have technology that allows sufficient information necessary for dispensing the prescription.

18VAC110-20-515. Remote prescription order processing for hospitals and long-term care facilities.

A. Remote processing of a prescription does not include the dispensing of a drug, but does include any of the following activities related to the dispensing process:

1. Receiving, interpreting, analyzing, or clarifying prescriptions;

2. Entering prescription and patient data into a data processing system;

3. Transferring prescription information;

4. Performing a prospective drug review to include an evaluation of a prescription order and patient records for over- or under-utilization of medication, therapeutic duplication of medication, drug disease contraindications, drug interactions, incorrect drug dosage or duration of drug treatment, or clinical abuse or misuse of medication;

5. Obtaining substitution authorizations, or otherwise communicating with the prescriber concerning a patient's order;

6. Interpreting or acting on clinical data;

7. Performing therapeutic interventions;

8. Providing drug information to the medical or nursing staff of the hospital or long-term care facility; or

9. Authorizing the administration of the drug to the patient by appropriate hospital or longterm care facility staff.

B. The primary pharmacy providing pharmacy services to a hospital or long-term care facility may outsource certain order processing functions as described in subsection A of this section to another pharmacy in Virginia or a registered nonresident pharmacy under the following conditions:

1. The pharmacies shall either have the same owner or have a written contract describing the scope of services to be provided and the responsibilities and accountabilities of each pharmacy in compliance with all federal and state laws and regulations related to the practice of pharmacy;

2. Any central or remote pharmacy shall comply with Virginia law and regulation with respect to requirements for supervision of pharmacy technicians and the duties that are restricted to pharmacists and pharmacy technicians. Pharmacy technicians at the remote pharmacy shall either be registered in Virginia or possess credentials substantially equivalent to those required for a technician registered in Virginia;

3. Any pharmacist participating in remote prescription order processing shall be a Virginia licensed pharmacist; and

4. The pharmacies shall share a common electronic file or have technology that allows sufficient information necessary to process a prescription order.

C. A policy and procedure manual that relates to remote processing shall be maintained at each pharmacy involved in the processing of a prescription and available for inspection. The manual shall at a minimum include the following:

1. The responsibilities of each pharmacy;

2. A list of the name, address, telephone numbers, and permit/registration numbers of all pharmacies involved in remote processing;

3. Procedures for protecting the confidentiality and integrity of patient information;

4. Procedures for ensuring that pharmacists performing prospective drug reviews have access to appropriate drug information resources;

5. Procedures for maintaining required records;

6. Procedures for complying with all applicable laws and regulations;

7. Procedures for objectively and systematically monitoring and evaluating the quality of the program to resolve problems and improve services; and

8. Procedures for annually reviewing the written policies and procedures for needed modifications and documenting such review.

D. A pharmacy involved in remote prescription order processing shall maintain a record that identifies each person who performed a processing function for every order.

1. The record shall be available by prescription order or by patient name.

2. The record may be maintained in a common electronic file if the record is maintained in such a manner that the data processing system can produce a printout that identifies every person who performed a task involved in processing a prescription order and the location where the task was processed.

3. The record shall be readily retrievable for at least the past two years through the primary dispensing pharmacy, and shall be available for inspection by the board.

E. Nothing in this section shall prohibit an individual employee licensed as a pharmacist in Virginia from accessing the employer pharmacy's database from a remote location for the purpose of performing certain prescription processing functions as described in subsection A of this section provided the pharmacy establishes controls to protect the privacy and security of confidential records.

Suggested amendments offered by Publix

18VAC110-20-276. Central or remote processing.

A. Centralized or remote processing of a prescription does not include the dispensing of a drug, but ~~does~~ may include any of the following activities related to the dispensing process:

1. Receiving, interpreting, analyzing, or clarifying prescriptions;
2. Entering prescription and patient data into a data processing system;
3. Transferring prescription information;
4. Performing a prospective drug review as set forth in § 54.1-3319 of the Code of Virginia;
5. Obtaining refill or substitution authorizations, or otherwise communicating with the prescriber concerning a patient's prescription;
6. Interpreting clinical data for prior authorization for dispensing;
7. Performing therapeutic interventions; ~~or~~
8. Providing drug information or counseling concerning a patient's prescription to the patient or patient's agent~~.~~; or
9. Prescription product accuracy

B. A pharmacy may outsource certain prescription processing functions as described in subsection A of this section to another pharmacy in Virginia or a registered nonresident pharmacy under the following conditions:

1. The pharmacies shall either have the same owner or have a written contract describing the scope of services to be provided and the responsibilities and accountabilities of each pharmacy in compliance with all federal and state laws and regulations related to the practice of pharmacy;
~~2. Any central or remote pharmacy shall comply with Virginia law and regulation with respect to requirements for supervision of pharmacy technicians and the duties that are restricted to pharmacists and pharmacy technicians. Pharmacy technicians at the remote pharmacy shall either be registered in Virginia or possess credentials substantially equivalent to those required for a technician registered in Virginia;~~
~~3. A pharmacist licensed in Virginia whether at the remote pharmacy or the dispensing pharmacy, shall perform a check for accuracy on all processing done by the remote processor; and~~
~~4.~~ 2. The pharmacies shall share a common electronic file or have technology that allows sufficient information necessary to process a nondispensing function.

C. Any pharmacy that outsources prescription processing to another pharmacy shall provide notification of such to patients. A one-time written notification or a sign posted in the pharmacy in a location that is readily visible to the public will satisfy this notification requirement. The notice shall state the name of any contract pharmacy providing central or remote prescription processing. If the pharmacy uses a network of pharmacies under common ownership, this fact shall be disclosed in the notice.

D. A policy and procedure manual that relates to central or remote processing shall be maintained at each pharmacy involved in the processing of a prescription and available for inspection. The manual shall at a minimum include the following:

1. The responsibilities of each pharmacy;
2. A list of the name, address, telephone numbers, and permit/registration numbers of all pharmacies involved in central or remote processing;
3. Procedures for protecting the confidentiality and integrity of patient information;
4. Procedures for ensuring that pharmacists performing prospective drug reviews have access to appropriate drug information resources;

5. Procedures for maintaining required records;

6. Procedures for complying with all applicable laws and regulations to include counseling;

7. Procedures for objectively and systematically monitoring and evaluating the quality of the program to resolve problems and improve services; and

8. Procedures for annually reviewing the written policies and procedures for needed modifications and documenting such review.

E. In addition to any other required records, pharmacies engaged in central or remote processing shall maintain retrievable records that show, for each prescription processed, each individual processing function and identity of the pharmacist or pharmacy technician who performs a processing function and the pharmacist who checked the processing function, if applicable.

1. The records may be maintained separately by each pharmacy, or in a common electronic file shared by both pharmacies provided the system can produce a record showing each processing task, the identity of the person performing each task, and the location where each task was performed.

2. The record shall be readily retrievable for at least the past two years through the primary dispensing pharmacy, and shall be available for inspection by the board.

F. Nothing in this section shall prohibit an individual ~~employee licensed as a pharmacist in Virginia~~ pharmacist, pharmacy technician or intern who is an employee of or under contract with a permitted pharmacy from accessing ~~the employer~~ that pharmacy's ~~database~~ electronic system from ~~a remote location for the purpose of performing certain~~ inside or outside the pharmacy and performing prescription processing functions as described in subsection A of this section, provided the pharmacy establishes controls to protect the privacy and security of confidential records.

BEFORE THE VIRGINIA BOARD OF PHARMACY

IN RE: **Walgreens Central Fill #21420**
Facility Permit Number: 0201005075
Innovative (Pilot) Program Applicant
Case Number: 225290

ORDER

JURISDICTION AND PROCEDURAL HISTORY

Pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10), a Special Conference Committee ("Committee") of the Virginia Board of Pharmacy ("Board") held an informal conference on February 8, 2023, in Henrico County, Virginia, to receive and act upon the application of Walgreens Central Fill #21420 for approval of an innovative (pilot) program, Walgreens Central Fill Operations, in the Commonwealth of Virginia.

Derek Parvizi, Pharmacist-in-Charge, Healthcare Supervisor, Shauna Peterson, Senior Director of Operations, Jeenu Philip, Director of Pharmacy Affairs, and Tolu Akinwale, Director of Patient Safety and Regulatory Compliance, appeared as the representatives of Walgreens Central Fill #21420 at this proceeding, and Walgreens Central Fill #21420 was not represented by legal counsel.

Upon consideration of the evidence, the Committee adopts the following Findings of Fact and Conclusions of Law and issues the Order contained herein.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. On May 12, 2023, the Board issued Permit Number 0201-005075 to Walgreens Central Fill #21420 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2024.

2. Walgreens Central Fill #21420 is a pharmacy located and bearing the address of 8440 Times Dispatch Boulevard, Mechanicsville, Virginia 23116.

3. On December 28, 2022, Walgreens Central Fill #21420, submitted an application for approval to conduct an innovative (pilot) program, Walgreens Central Fill Operations.

4. On January 5, 2023, Walgreens Central Fill #21420 submitted a revised application for approval to conduct an innovative (pilot) program, naming a different responsible party for the program.

5. Walgreens Central Fill #21420 requested a waiver of the requirement of 18 VAC 110-20-112(A) of the Regulations Governing the Practice of Pharmacy ("Regulations"), which limits a pharmacist to the supervision of not more than four persons performing the duties of a pharmacy technician at one time. Specifically, Walgreens Central Fill #21420 requested that one pharmacist be permitted to supervise up to twelve pharmacy technicians at its facility.

6. Walgreens Central Fill #21420 requested a waiver of 18 VAC 110-20-270(B) of the Regulations, which requires that after a prescription has been prepared and prior to the delivery of an order, a pharmacist shall inspect the prescription product to verify its accuracy in all respects and place his initials on the record of dispensing as a certification of the accuracy of and the responsibility for the entire transaction. Specifically, Walgreens Central Fill #21420 is requesting that pharmacist verification of a cannister of medication after it is filled but prior to being placed into the barcoded automated robotic dispenser serve as the final product verification of a prescription.

7. Walgreens Central Fill #21420 was listed on both applications as the pharmacy where the innovative (pilot) program would be conducted.

8. At the informal conference, the representatives from Walgreens Central Fill #21420 discussed with the Committee the additional need to waive Virginia Code § 54.1-3321(A)(3), (5), and (6), which limits the stocking or loading of automated dispensing devices or other devices used in the dispensing process to pharmacy technicians.

9. The Committee determined that a non-resident pharmacy registration is not required when an out of state pharmacy ships a sealed unit of use drug that was not picked up by the patient back to Walgreens Central Fill #21420.

10. The application of Walgreens Central Fill #21420 for approval of an innovative (pilot) program, which is incorporated into these Findings of Fact and Conclusions of Law as "Attachment A," is properly before the Board, and it is within the Board's discretion to grant or deny said application.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Pharmacy hereby ORDERS that the Board APPROVES the application of Walgreens Central Fill #21420's innovative (pilot) program, Walgreens Central Fill Operations, contingent upon the following terms and conditions:

1. This Order shall be effective for three years from the date this order is entered by the Board.

2. The approval of this innovative (pilot) program is limited to Schedule VI drugs.

3. The requirement of 18 VAC 110-20-112(A) of the Regulations that a pharmacist shall not supervise more than four persons performing the duties of a pharmacy technician shall be waived. Pursuant to this waiver, a pharmacist employed at Walgreens Central Fill #21420 may supervise up to twelve persons performing the duties of a pharmacy technician at one time; however, each pharmacist shall determine the number of pharmacy interns, pharmacy technicians, and pharmacy technician trainees he can safely and competently supervise at one time, not to exceed twelve persons.

4. The requirement of 18 VAC 110-20-270(B) of the Regulations that after a prescription has been prepared, and prior to the delivery of an order, a pharmacist shall inspect the prescription product to verify its accuracy in all respects and place their initials on the record of dispensing as a

certification of the accuracy of and the responsibility for the entire transaction, shall be waived. Pursuant to this waiver, pharmacist verification of a cannister of medication after it is filled and sealed but prior to being loaded into a barcoded automated robotic dispenser serves as the final product verification of a prescription. Pharmacists shall verify and check for the accuracy of all drugs packaged or repackaged for use by the robot by a visual check of the contents prior to stocking the drugs in the robotic pharmacy system. A repackaging record shall be maintained in accordance with 18VAC110-20-355(A) of the Regulations, and the verifying pharmacist shall initial the record. Packaging and labeling, including the appropriate beyond-use date, shall conform to requirements of this chapter and current USP-NF standards. This waiver shall not constitute a waiver of the requirement for a pharmacist to verify the accuracy of data entry of a prescription at the pharmacy where the prescription originates.

5. The requirement of 18 VAC 110-20-275(B)(2)(h) of the Regulations that each pharmacy using such a drug delivery system shall maintain and comply with all procedures in a current policy and procedures manual that includes the procedure for informing the patient and obtaining consent for using such a dispensing and delivering process shall be waived. Pursuant to this waiver, Walgreens Central Fill #21420 shall ensure that each pharmacy receiving dispensed drugs from the central fill location shall provide a one-time written notification or a sign posted in the pharmacy in a location that is readily visible to the public as its notification of the dispensing and delivery process.

6. The requirement of Virginia Code § 54.1-3321(A)(3), which limits the removal of the drug to be dispensed from inventory to pharmacy technicians, shall be waived. Pursuant to this waiver, the movement of sealed manufacturer bottles of medications from an inventory shelf to a pharmacy technician's workspace for the purpose of filling a cannister shall not be limited to licensed personnel; however, the filling of a cannister must be completed by a licensed pharmacist, or registered pharmacy

intern, pharmacy technician, or pharmacy technician trainee. In doing so, the licensed or registered personnel must barcode scan each individual bottle/package of medication prior to filling the cannister.

7. The requirement of Virginia Code § 54.1-3321(A)(5), which limits the packaging and labeling of the drug to be dispensed and the repackaging thereof to pharmacy technicians, shall be waived. Pursuant to this waiver, unlicensed personnel are permitted to bag manually prepared prescriptions if barcode scanning for (1) the prescription product vial, (2) the prescription medication leaflet, and (3) the bag label match and are valid.

8. The requirement of Virginia Code § 54.1-3321(A)(6), which limits the stocking or loading of automated dispensing devices or other devices used in the dispensing process to pharmacy technicians shall be waived. Pursuant to this waiver, an unlicensed employee of Walgreens Central Fill #21420 may load the barcoded automated robotic dispenser with the pharmacist-verified and sealed cannister as long as there is a valid barcode scan.

9. Unlicensed personnel acting as an inventory specialist may perform monthly cycle counts of sealed manufacturer-packaged products and sealed canisters, but may not open or count drugs in an unsealed manufacturer-packaged product or cannister.

10. A written policy and procedure must be maintained and complied with and shall include, at minimum, procedures for ensuring:

a. Accurate packaging and repackaging of all drugs for use in the robotic pharmacy system, to include properly labeled barcodes and the method for ensuring pharmacist verification of all packaged and repackaged drugs compliant with this Order and assigned barcodes;

b. Accurate stocking and restocking of the robotic pharmacy system;

c. Removing expired drugs;

d. Proper handling of drugs that may be dropped by the robotic pharmacy system;

e. Performing routine maintenance of the robotic pharmacy system as indicated by manufacturer's schedules and recommendations;

f. Appropriately performing an analysis to investigate, identify, and correct sources of discrepancies or errors associated with the robotic pharmacy system; and

i. Maintaining quality assurance reports.

11. All manual picks shall be checked by pharmacists.

12. If it is identified that the robot selected an incorrect medication, the pharmacy shall identify and correct the source of discrepancy or error in compliance with the pharmacy's policies and procedures prior to resuming full operation of the robot. An investigation of the cause of the event shall be completed, and the outcome of the corrective action plan shall be summarized and documented in a readily retrievable format.

13. One prescription per automated dispensing device per quarter shall be redirected to a pharmacist to audit for prescription product accuracy in all components. Quarterly quality assurance records related to these audits shall be maintained.

14. Within one year of the effective date of this Order, the innovative (pilot) program shall be subject to one unannounced inspection at the facility by the Board or its designated representative. The inspection is independent from any routine inspection. Walgreens Central Fill #21420 shall be solely responsible for the cost of the inspection to be paid to the Board within thirty days from the date of the statement of monies owed, which will be mailed following the inspection. In the event that any inspection reveals a possible violation of the laws or regulations pertaining to the practice of pharmacy in Virginia or the Virginia Drug Control Act (Virginia Code §§ 54.1-3400 *et seq.*), the Board may notice Walgreens Central Fill #21420 to appear for an administrative proceeding.

15. Except as specifically waived in this Order, Walgreens Central Fill #21420 shall comply with all applicable laws and regulations governing the practice of pharmacy in the Commonwealth of Virginia and with the processes as proposed in the application for the innovative (pilot) program.

16. All records required of this innovative (pilot) program shall be maintained for no less than two years and be available upon inspection or request by the Board.

17. Any operational changes or modifications to the innovative (pilot) program shall be approved by the Board prior to initiation of the modification.

18. Any violation of this Order shall constitute grounds for the rescission of the approval, and an administrative proceeding shall be convened to determine whether the approval shall be rescinded.

19. To request the renewal of the innovative (pilot) program, an application and current renewal fee per the Regulations must be submitted to the Board no less than 90 days prior to the expiration of this Consent Order.

Pursuant to Virginia Code § 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

Caroline D. Juran
Executive Director
Virginia Board of Pharmacy

ENTERED AND MAILED ON:

5/22/2023

NOTICE OF RIGHT TO APPEAL

Pursuant to Virginia Code § 54.1-2400(10), Walgreens Central Fill #21420 may, not later than 5:00 p.m., on June 26, 2023, notify Caroline D. Juran, Executive Director, Board of Pharmacy, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233, in writing that it desires a formal administrative hearing before the Board. Upon the filing with the Executive Director of a request for the hearing, this Order shall be vacated. This Order shall become final on June 26, 2023, unless a request for a formal administrative hearing is received as described above.

BEFORE THE VIRGINIA BOARD OF PHARMACY

IN RE: Leesburg Pharmacy, Inc. A/K/A The Compounding Center
Permit Number: 0201-001953
Case Number: 230255

ORDER

JURISDICTION AND PROCEDURAL HISTORY

Pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10), a Special Conference Committee ("Committee") of the Virginia Board of Pharmacy ("Board") held an informal conference on October 11, 2023, in Henrico County, Virginia, to receive and act upon the application of Leesburg Pharmacy, Inc. A/K/A The Compounding Center ("The Compounding Center") for approval of an innovative (pilot) program, Remote Supervision Pilot.

Alice Kim, Pharmacist, and Cheryl Garvin, Pharmacist-in-Charge, appeared as the representatives of The Compounding Center at this proceeding and The Compounding Center was not represented by legal counsel.

Upon consideration of the evidence, the Committee adopts the following Findings of Fact and Conclusions of Law and issues the Order contained herein.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. The Compounding Center holds Permit Number 0201-001953 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2024.

2. The Compounding Center is located at and bears the address of 36 Catocin Circle SE, Leesburg, Virginia 20175.

3. On June 19, 2023, The Compounding Center submitted an application for approval of an innovative (pilot) program, Remote Supervision Pilot.

4. The Compounding Center requested a waiver of the requirement of 18 VAC 110-20-276(F) of the Regulations Governing the Practice of Pharmacy ("Regulations"), which allows for licensed pharmacists to access the pharmacy's database from a remote location for the purpose of performing certain prescription processing functions, as further defined in 18 VAC 110-20-276(A) of the Regulations, provided the pharmacy establishes controls to protect the privacy and security of confidential records. Specifically, The Compounding Center requested that pharmacy technicians and pharmacy technician trainees be allowed to remotely perform the duties allowed to pharmacists pursuant to 18 VAC 110-20-276(F) of the Regulations.

5. The Compounding Center requested a waiver of 18 VAC 110-20-112(A) of the Regulations, which limits a pharmacist to the supervision of no more than four persons performing the duties of a pharmacy technician at one time. The Compounding Center requested that a pharmacist, at his or her discretion, be allowed to supervise up to six persons performing the duties of a pharmacy technician at one time, with a maximum of four of those persons being on-site.

6. This application is properly before the Board and it is within the Board's discretion to approve or deny said application.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Pharmacy hereby ORDERS that the Board APPROVES the application of The Compounding Center's innovative (pilot) program, Remote Supervision Pilot, contingent upon the following terms and conditions:

1. This approval shall be effective for three years from the date that this Order is entered by the Board.

2. The requirement of 18 VAC 110-20-276(F) that limits access to the pharmacy's database from a remote location for the purpose of performing certain prescription processing functions to licensed pharmacists is waived to allow Virginia-registered pharmacy technicians to access the pharmacy database from a remote location. This waiver shall apply to Virginia-registered pharmacy technicians performing prescription processing functions pursuant to 18 VAC 110-20-276(A), provided they are performing the duties of a pharmacy technician as defined by Virginia Code § 54.1-3321(A). This waiver shall only apply to Virginia-registered pharmacy technicians accessing the pharmacy database from a remote location in the United States or its territories.

3. The requirement of 18 VAC 110-20-112(A) of the Regulations, which limits a pharmacist to the supervision of no more than four persons performing the duties of a pharmacy technician at one time, is waived to allow a pharmacist at The Compounding Center to supervise a combination of no more than six persons performing the duties of a pharmacy technician at one time, with a maximum of three of those persons at a remote location pursuant to this innovative (pilot) program and a maximum of four persons on-site. In the event that pharmacy technicians performing remote duties need to be on-site to perform those duties, the pharmacist shall supervise a combination of no more than a total of six persons performing the duties of a pharmacy technician, with a maximum of four persons performing authorized unrestricted duties of a pharmacy technician on-site.

4. The Compounding Center shall provide quarterly reports to the Board which include reports of any dispensing errors as defined by 18 VAC 110-20-10 of the Regulations, data breaches, and/or unauthorized access attributed to the innovative (pilot) program. The reports shall be submitted on a quarterly basis to the Board, with the first report due no later than 60 days from entry of this Order and subsequent reports due the last day of the months of March, June, September and December until and are notified, in writing, that the reporting requirement is ended.

5. Records of site-specific training shall be maintained pursuant to 18 VAC 110-20-111 of the Regulations and as outlined in the application for the innovative (pilot) program

6. Except as specifically waived in this Order, The Compounding Center shall comply with all applicable laws and regulations governing the practice of pharmacy in the Commonwealth of Virginia and with the processes as proposed in the application for the innovative (pilot) program.

7. All records required of this innovative (pilot) program shall be maintained for no less than two years and be available upon inspection or request by the Board.

8. Any operational changes or modifications to the innovative (pilot) program shall be approved by the Board prior to initiation of the modification.

9. Any violation of this Order shall constitute grounds for the rescission of the approval, and an administrative proceeding shall be convened to determine whether the approval shall be rescinded.

10. To request the renewal of the innovative (pilot) program, an application and current renewal fee per the Regulations must be submitted to the Board no less than 90 days prior to the expiration of this Order.

Pursuant to Virginia Code § 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

Caroline D. Juran
Executive Director
Virginia Board of Pharmacy

ENTERED AND MAILED ON:
10/27/2023

NOTICE OF RIGHT TO APPEAL

Pursuant to Virginia Code § 54.1-2400(10), Leesburg Pharmacy, Inc. A/K/A The Compounding Center may, not later than 5:00 p.m., on November 29, 2023, notify Caroline D. Juran, Executive Director, Board of Pharmacy, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233, in writing that it desires a formal administrative hearing before the Board. Upon the filing with the Executive Director of a request for the hearing, this Order shall be vacated. This Order shall become final on November 29, 2023, unless a request for a formal administrative hearing is received as described above.

Agenda Item: Adoption of final regulations regarding allowance for centralized warehouser or wholesale distributor to verify Schedule VI drugs for automated dispensing devices in hospitals

Included in your agenda package:

- Public comment submitted following publication of the proposed stage;
- Draft final regulations.

Staff Note: This regulatory action is the result of a petition for rulemaking filed in 2021 with the Board.

Action needed:

- Motion to adopt final regulations as presented or amended by the Board.

VIRGINIA REGULATORY TOWN HALL

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Agency **Department of Health Professions**

Board **Board of Pharmacy**

Chapter **Regulations Governing the Practice of Pharmacy [18 VAC 110 - 20]**

Action	Allowance for centralized warehouser or wholesale distributor to verify Schedule VI drugs for automated dispensing devices in hospitals
Stage	Proposed
Comment Period	Ended on 6/7/2024

1 comments

All good comments for this forum Show Only Flagged

Back to List of Comments

Commenter: Courtney Fuller 5/1/24 1:19 pm

Proposed Language for Warehouser Distribution to Automated Dispensing Devices 18VAC110-20-490

18VAC110-20-490 - I suggest a couple of edits to the proposed wording for 18VAC110-20-490:

D.3. ... The record shall include the date; drug name, dosage form, and strength; quantity; hospital name; hospital unit and a unique identifier for the specific automated dispensing device receiving the drug; and initials ***or electronic signature*** of the pharmacist...

D.6. ... A pharmacist licensed in Virginia employed by or otherwise working at the warehouser or wholesale distributor shall perform barcode linking of any drug to the related drug files in the hospital information system and automated dispensing device ***drug database*** (*we don't link to a specific ADD*).

D.8. - The hospital pharmacy receiving such services from a central warehouser or wholesale distributor shall maintain quarterly reports containing the hospital's restocking barcode scanning rate, bedside barcode scanning rate, and... ***Suggest a minimum bedside barcode scanning rate threshold such as 90%.***

CommentID: **222584**

Project 7055 - Final

Board of Pharmacy

Allowance for centralized warehouser or wholesale distributor to verify Schedule VI drugs for automated dispensing devices in hospitals

18VAC110-20-460. Floor stock drugs; proof of delivery; distribution records.

A. ~~A~~ Except as provided in 18VAC110-20-490 D, a pharmacist shall check all ~~Schedule II-VI~~ Schedules II through VI drugs delivered to a hospital unit as floor-stock before the drugs leave the pharmacy and shall initial or sign manually or electronically the record of distribution verifying the accuracy of the distribution.

B. A delivery receipt shall be obtained for ~~Schedule~~ Schedules II through V drugs supplied as floor stock. This record shall include the date, drug name and strength, quantity, hospital unit receiving the drug, and the manual or electronic signatures of the dispensing pharmacist and the receiving nurse.

C. A record of ~~disposition/administration~~ disposition or administration shall be used to document administration of ~~Schedule~~ Schedules II through V drugs when a floor stock system is used for such drugs. The record shall be returned to the pharmacy within three months of its issue. The PIC or ~~his~~ the PIC's designee shall:

1. Match returned records with delivery receipts to verify that all records are returned;

2. Periodically audit returned administration records for completeness as to patient's names, dose, date and time of administration, signature or initials of person administering the drug, and date the record is returned;

3. Verify that all additions to inventory are recorded, that all additions to and deductions from inventory are correctly calculated, that sums carried from one record to the next are

correctly recorded, and periodically verify that doses documented on administration records are reflected in the medical record; and

4. Initial the returned record.

D. All records required by this section shall be filed chronologically by date of issue~~,~~ and retained for two years from the date of return at the address of the pharmacy. Schedule VI records may be maintained in offsite storage or as an electronic image that provides an exact image of the document that is clearly legible, provided such offsite or electronic storage is retrievable and made available for inspection or audit within 48 hours of a request by the board or an authorized agent. ~~Schedule II-V~~ Schedules II through V records may only be stored ~~offsite~~ off site or electronically as described in this subsection if authorized by DEA or in federal law or regulation. The filing requirements of 18VAC110-20-240 A 1 for separation of Schedule II records shall be met for administration records if the Schedule II drugs are listed in a separate section on a page that contains other schedules of drugs.

18VAC110-20-490. Automated devices for dispensing and administration of drugs.

A. A hospital may use automated devices for the dispensing and administration of drugs pursuant to § 54.1-3301 of the Code of Virginia and §§ 54.1-3401 and 54.1-3434.02 of the Drug Control Act and in accordance with 18VAC110-20-270, 18VAC110-20-420, or 18VAC110-20-460 as applicable.

B. Policy and procedure manual; access codes.

1. Proper use of the automated dispensing devices and means of compliance with requirements shall be set forth in the pharmacy's policy and procedure manual, which shall include provisions for granting and terminating user access.

2. Personnel allowed access to an automated dispensing device shall have a specific access code that records the identity of the person accessing the device. The device may

verify access codes using biometric identification or other coded identification after the initial log-on in order to eliminate sharing or theft of access codes.

C. Distribution of drugs from the pharmacy.

1. Prior to removal of drugs from the pharmacy, a delivery record shall be generated for all drugs to be placed in an automated dispensing device. The delivery record shall include the date; drug name, dosage form, and strength; quantity; hospital unit and a unique identifier for the specific device receiving the drug; initials of the person loading the automated dispensing device; and initials of the pharmacist checking the drugs to be removed from the pharmacy and the delivery record for accuracy.

2. At the time of loading any Schedules II through V drug, the person loading will verify that the count of that drug in the automated dispensing device is correct. Any discrepancy noted shall be recorded on the delivery record and immediately reported to the pharmacist in charge, who shall be responsible for ensuring reconciliation of the discrepancy or properly reporting of a loss.

D. Distribution of drugs from a central warehouser or wholesale distributor. Notwithstanding subdivision C 1 of this section, a central warehouser or wholesale distributor may distribute Schedule VI drugs to hospitals to be placed in specific automated dispensing devices under the following conditions:

1. A pharmacist licensed in Virginia employed by or otherwise working at the central warehouser or wholesale distributor shall verify the accuracy of all Schedule VI drugs to be placed in specific automated dispensing devices within the hospital prior to delivery of the drugs directly to the hospital pharmacy;

2. A pharmacist at the hospital pharmacy shall not be required to (i) verify the accuracy of these drugs prior to leaving the hospital pharmacy for delivery to the hospital unit as floor

stock as required in 18VAC110-20-460 A or (ii) initial the delivery record as required in subdivision C 1 of this section;

3. The central warehouser or wholesale distributor shall maintain a record of all Schedule VI drugs distributed to a hospital for placement in a specific automated dispensing device. The record shall include the date; drug name, dosage form, and strength; quantity; hospital name; hospital unit and a unique identifier for the specific automated dispensing device receiving the drug; and initials of the pharmacist employed by or working at the central warehouser or wholesale distributor who is responsible for verifying the drugs for accuracy;

4. The central warehouser or wholesale distributor shall provide an invoice to each hospital pharmacy that indicates in which specific automated dispensing device the drugs delivered to the hospital are to be placed;

5. A pharmacist or pharmacy technician at each hospital shall load the drugs into the specific automated dispensing device after scanning each unit, and the hospital pharmacy shall maintain a record that consists of the initials of the person loading the automated dispensing device;

6. A pharmacist licensed in Virginia employed by or otherwise working at the warehouser or wholesale distributor shall perform barcode linking of any drug to the related drug files in the hospital information system and automated dispensing device;

7. Each hospital receiving drugs from the central warehouser or wholesale distributor shall maintain at least a 90% barcode scanning rate for restocking automated dispensing devices. If the scanning rate for restocking the automated dispensing device is less than 90% for any quarter, the pharmacy at the hospital shall immediately reinstitute a 100%

pharmacist verification process at the receiving pharmacy until a 90% scanning rate for a subsequent quarter is achieved and documented; and

8. The hospital pharmacy receiving such services from a central warehouser or wholesale distributor shall maintain quarterly reports containing the hospital's restocking barcode scanning rate, bedside barcode scanning rate, and any errors in drug product received from the central warehouser or wholesale distributor.

~~D.~~ E. Distribution of drugs from the device.

1. Automated dispensing devices in hospitals shall be capable of producing a hard-copy record of distribution that shall show patient name, drug name and strength, dose withdrawn, date and time of withdrawal from the device, and identity of person withdrawing the drug. The record shall be filed in chronological order from date of issue or maintained electronically.

2. If an automated dispensing device is used to obtain drugs for dispensing from an emergency room, a separate dispensing record is not required, provided the automated record distinguishes dispensing from administration and records the identity of the physician who is dispensing.

~~E.~~ F. Discrepancy reports. A discrepancy report for all Schedules II through V drugs and any drugs of concern, as defined in § 54.1-3456.1 of the Code of Virginia, shall be generated for each discrepancy in the count of a drug on hand in the device. Each such report shall be initiated or resolved by the PIC or ~~his~~ the PIC's designee within 72 hours of the time the discrepancy was discovered or, if determined to be a theft or an unusual loss of drugs, shall be immediately reported to the board in accordance with § 54.1-3404 E of the Drug Control Act.

~~F.~~ G. Reviews and audits.

1. The PIC or ~~his~~ the PIC's designee shall conduct at least a monthly review for compliance with written policy and procedures that are consistent with § 54.1-3434.02 A of the Drug Control Act for security and use of the automated dispensing devices, to include procedures for timely termination of access codes when applicable, accuracy of distribution from the device, and proper recordkeeping.

2. The PIC or ~~his~~ the PIC's designee shall conduct at least a monthly audit to review distribution of Schedules II through V drugs from each automated dispensing device as follows:

a. The audit shall reconcile records of all quantities of Schedules II through V drugs dispensed from the pharmacy with records of all quantities loaded into each device to detect whether any drug recorded as removed from the pharmacy was diverted rather than placed in the proper device.

b. If a pharmacy has an ongoing method for perpetually monitoring drugs in Schedules II through V to ensure drugs dispensed from the pharmacy have been loaded into the device and not diverted, such as with the use of perpetual inventory management software, then the audit required in this subsection may be limited to the discrepancies or exceptions as identified by the method for perpetually monitoring the drugs.

3. The PIC or ~~his~~ the PIC's designee shall conduct at least a monthly audit to review the dispensing and administration records of Schedules II through V drugs from each automated dispensing device as follows:

a. The audit shall include a review of administration records for each device per month for possible diversion by fraudulent charting. The review shall include all Schedules II through V drugs administered for a time period of not less than 24 consecutive hours during the audit period.

b. The hard-copy distribution and administration records printed out and reviewed in the audit shall be initialed and dated by the person conducting the audit. If nonpharmacist personnel conduct the audit, a pharmacist shall review the record and shall initial and date the record.

c. The PIC or ~~his~~ the PIC's designee shall be exempt from requirements of this audit if reconciliation software that provides a statistical analysis is used to generate reports at least monthly. The statistical analysis shall be based on:

(1) Peer-to-peer comparisons of use for that unit or department; and

(2) Monitoring of overrides and unresolved discrepancies.

d. The report shall be used to identify suspicious activity, which includes usage beyond three standard deviations in peer-to-peer comparisons. A focused audit of the suspicious activity and individuals associated with the activity shall be performed whenever suspicious activity is identified from the reports.

4. The PIC or ~~his~~ the PIC's designee shall maintain a record of compliance with the reviews and audits in accordance with subsection ~~H~~ I of this section.

~~G.~~ H. Inspections. Automated dispensing devices shall be inspected monthly by pharmacy personnel to verify proper storage, proper location of drugs within the device, expiration dates, the security of drugs, and validity of access codes. The PIC or ~~his~~ the PIC's designee shall maintain documentation of the inspection in accordance with subsection ~~H~~ I of this section. With the exception of a monthly physical review of look-alike and sound-alike drugs stored within matrix drawers or open access areas within the device, such monthly inspection shall not require physical inspection of the device if the device is capable of and performs the following:

1. At least daily monitoring of refrigerator or freezer storage with documented temperature ranges, variances, and resolutions;

2. Automatic identification and isolation of the location of each drug within the device using a machine readable product identifier, such as barcode technology, and generation of a report verifying the applicable settings;

3. Electronic tracking of drug expiration dates and generation of proactive reports allowing for the replacement of drugs prior to their expiration date; and

4. Electronic detection of the opening of the device, identification of the person accessing the device, automatic denial of access to the device during malfunctions and mechanical errors, and generation of reports of any malfunction and mechanical error.

~~H.~~ I. Records.

1. All records required by this section shall be maintained for a period of not less than two years. Records required to be maintained by the pharmacy shall be maintained at the address of the pharmacy providing services to the hospital ~~except manual~~. Records required to be maintained by the warehouser or wholesale distributor shall be maintained at the address of the applicable facility. Manual Schedule VI distribution records, reports auditing for indications of suspicious activity, ~~and~~ focused audits, ~~all of which~~ and records required to be maintained by the warehouser or wholesale distributor distributing Schedule VI drugs to specific automated dispensing devices may be maintained in offsite storage or electronically as an electronic image that provides an exact image of the document that is clearly legible, provided such offsite or electronic records are retrievable and made available for inspection or audit within 48 hours of a request by the board or an authorized agent.

2. Distribution and delivery records and required initials may be generated or maintained electronically, provided:

a. The system being used has the capability of recording an electronic signature that is a unique identifier and restricted to the individual required to initial or sign the record.

b. The records are maintained in a read-only format that cannot be altered after the information is recorded.

c. The system being used is capable of producing a hard-copy printout of the records upon request.

3. Schedules II through V distribution and delivery records may also be stored off site or electronically in compliance with requirements of subdivision 1 of this subsection and if authorized by DEA or in federal law or regulation.

4. Hard-copy distribution and administration records that are printed and reviewed in conducting required audits may be maintained at an off-site location or electronically, provided they can be readily retrieved upon request~~; provided they,~~ are maintained in a read-only format that does not allow alteration of the records~~;~~, and ~~provided~~ a separate log is maintained for a period of two years showing dates of audit and review, the identity of the automated dispensing device being audited, the time period covered by the audit and review, and the initials of all reviewers.

Agenda Topic: Adoption of proposed regulatory amendments for licensure fee increase

Included in agenda packet:

- Information regarding factors impacting need for Board of Pharmacy licensure fee increase
- Licensure fees relative to neighboring states
- Handout of proposed amendments to fees in Chapters 20, 21, 30, and 50 to be provided at meeting

Action needed:

- Motion to adopt proposed regulatory amendments to increase licensure fees as presented or amended.

Factors Impacting Need for Board of Pharmacy Licensure Fee Increase

General Assembly Mandated State Employee Compounded Salary Increases:

- 5% (total) in FY2020
- 5% on June 10, 2021
- 5% on July 10, 2022
- 5% on June 10, 2023
- 2% on December 10, 2023
- 3% on June 10, 2024
- 3% on June 2025 anticipated.

Additional Licensing Categories

Legislation was passed during the following years directing the Board to regulate additional licensing categories:

- 2018, nonresident warehousers and nonresident third-party logistics providers
- 2020, pharmacy technician trainees

Increased Total Number of Licensees:

- **Total number of licensees increased by 23% between Q4 FY2018 to Q4 FY2023**
  - Q4 FY2018 - 36,967
  - Q4 FY2019 - 37,265
  - Q4 FY2020 - 37,236
  - Q4 FY2021 - 40,005
  - Q4 FY2022 – 43,589
  - Q4 FY2023 - 45,486
- **Total number in-state facilities to inspect remained about the same**
  - Q4 FY2018 = 3,798
  - Q4 FY2023 = 3,810
- **Total number of nonresident facilities (out-of-state shipping drug into VA) increased by 31%**
  - Q4 FY2018 = 1,935
  - Q4 FY2023 = 2,529
- **Total number of licenses issued to individuals (pharmacists, pharmacy technicians, pharmacy technician trainees, pharmacy interns) increased by 28%**
  - Q4 FY2018 = 31,018
  - Q4 FY2023 = 39, 561

Increased Number of Disciplinary Cases:

- **Total Cases Received Increased by 28% between FY2018 and FY2023**
  - FY 2018 = 687
  - FY 2019 = 630
  - FY 2020 = 599
  - FY 2021 = 570
  - FY 2022 = 825
  - FY 2023 = 878

Average Pharmacy Inspection Cost per Year as of February 2024

Type of Inspection	Hours to Perform (includes travel)	Cost Allocated to Board from Enforcement	Fee Paid by Permit Holder
New, COL, Remodel	3.19	$679	New: $500 COL/Remodel: $300
Routine, no compounding (performed approximately every 2 years)	3.88	$826	Annual Renewal: $350
Routine, sterile compounding (performed approximately every 2 years)	11.76	$2,504	Annual Renewal: $350

Hiring

- Number of full-time employees (FTE) in 2020 when last fee increase became effective = 15.
- Number of FTEs as of 6/3/2024 = 16.
- Increases in hiring due to increased workload, e.g., increased licensing categories, increased number of disciplinary cases, increased licensee counts.
- Note: new hires also received salary increases, so original cost for FTEs increased.

Last Fee Increase:

- Initiated in 2017, effective in 2020.

Projected Revenue and Expenditures:

- Actual Cash Balance FY2023 = $2,270,363
- Estimated Cash Balance FY2024 = $1,446,128
- Estimated Cash Balance FY2025 = $434,063
- Estimated Cash Balance FY2026 = ($688,083)
- Estimated Cash Balance FY2027 = ($1,926,100)

Note: The estimates above may be revised by information provided at the meeting related to the two additional salary increases approved in the 2024-26 biennial budget.

Licensure Fees Relative to Neighboring States, 6/3/2024

License Type	2017 VA Initial/ Renewal Fee	Current VA Initial/ Renewal Fee	2017 DE Initial/ Renewal Fee	Current NC Initial/ Renewal Fee	Currently Proposed TN Initial/ Renewal Fee	Current WV Initial/ Renewal Fee	Current MD Initial/ Renewal Fee
Pharmacy	270/270	500/350	318/318	500/200	490/490 (up from 340). Sterile modifier renewal fee 400	150 initial + 10 CS/200 renewal +20 CS; Sterile compounding fee 150 initial/200 renewal; Nuclear pharmacy 150 initial/200 renewal; Mail order 500/1,000	700/500
Medical Equipment Supplier	180/180	235/235	318/318	500/200	525-535/		
Controlled Substances Registration	90/90	120/120			researcher renewal 200 (up from 110)	25-50/50-100	
Third-Party Logistics Providers	270/270	350/350		700/700		750/1500	
Non-restricted Manufacturer	270/270	350/350	709/709	1000/1000	740 (up from 565)/740. Sterile modifier fee 400	500/1000	1,750/1,750
Restricted Manufacturer	180/180	235/235					
Outsourcing Facility					Sterile Modifier Fee 400		
Warehouser	270/270	350/350			535/		
Wholesale Distributor	270/270	350/350	709/709	700/700	740 (up from 575)/740. Sterile modifier fee 400	750/1500	1,750/1,750
Pharmacists	180/90 active/45 inactive	235/120 active/60 inactive	163/163	200/135/ without examination 600	250 by exam (up from 225)/ 265	130 by exam; 255 score transfer, reciprocity, foreign grad/ 120 (biennial). Immunization initial 20/ 20 renewal. Pharmacist consultant 20/20	150/261
Pharmacy Technicians	25/25	35/35		30/30	65/100	25/30 (biennial)	45/45

Agenda Item: Adoption of exempt regulatory action pursuant to SB111/HB1333

Included in your agenda package:

- Draft changes to 18VAC110-20-322 and 18VAC110-20-323 to conform to Scheduling changes enacted by the legislature in the 2024 General Assembly Session; and

- SB111 (identical to HB1333), which enacted these changes.

Action needed:

- Adoption of exempt regulatory change to amend 18VAC110-20-322 and 18VAC110-20-323 as presented.

Project 7941 - Exempt Final

Board of Pharmacy

Conformity of Board scheduling to 2024 General Assembly action

18VAC110-20-322. Placement of chemicals in Schedule I.

~~A. Pursuant to subsection D of § 54.1-3443 of the Code of Virginia, the Board of Pharmacy places the following in Schedule I of the Drug Control Act:~~

~~1. Synthetic opioid. N,N-diethyl-2-[5-nitro-2-(4-propoxybenzyl)-1H-benzimidazol-1-yl]ethanamine (other name: Protonitazene), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation.~~

~~2. Compounds expected to have hallucinogenic properties. 1-(1,3-benzodioxol-5-yl)-2-(cyclohexylamino)butan-1-one (other names: Cybutylone, N-cyclohexyl Butylone), its salts, isomers (optical, position, and geometric), and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.~~

~~3. Compounds expected to have depressant properties. 8-bromo-6-(2-chlorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine (other names: Clobromazolam, Phenazolam), its salts, isomers (optical, position, and geometric), and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.~~

~~4. Cannabimimetic agents.~~

~~a. 5-bromo-N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1H-indazole-3-carboxamide (other name: ADB-5Br-INACA), its salts, isomers, and salts of isomers whenever the~~

~~existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.~~

~~b. N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-5-bromo-1-butylindazole-3-carboxamide (other name: ADB-5'Br-BUTINACA), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.~~

~~The placement of drugs listed in this subsection shall remain in effect until July 31, 2024, unless enacted into law in the Drug Control Act.~~

~~B. Pursuant to subsection D of § 54.1-3443 of the Code of Virginia, the Board of Pharmacy places the following in Schedule I of the Drug Control Act:~~

~~1. Synthetic opioid. 2-methyl-N-phenyl-N-[1-(2-phenylethyl)piperidin-4-yl]butanamide (other name: 2-methyl butyryl fentanyl), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation.~~

~~2. Compounds expected to have hallucinogenic properties.~~

~~a. 1-(7-methoxy-1,3-benzodioxol-5-yl)propan-2-amine (other names: 5-methoxy-3,4-methylenedioxyamphetamine, 3-methoxy MDA, MMDA), its salts, isomers (optical, position, and geometric), and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.~~

~~b. 1-[1-(3-chlorophenyl)cyclohexyl]-piperidine (other names: 3-Chloro Phencyclidine, 3Cl-PCP, 3-chloro PCP), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.~~

3. Compound expected to have depressant properties. 7-bromo-5-phenyl-1,3-dihydro-1,4-benzodiazepin-2-one (other names: Desalkylgidazepam, Bromonordiazepam), its salts, isomers (optical, position, and geometric), and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

4. Compound classified as a cannabimimetic agent. Methyl N-[(5-bromo-1H-indazol-3-yl)carbonyl]-3-methyl-valinate (other name: MDMB-5Br-INACA), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

The placement of drugs listed in this subsection shall remain in effect until October 12, 2024, unless enacted into law in the Drug Control Act.

C. Pursuant to subsection D of § 54.1-3443 of the Code of Virginia, the Board of Pharmacy places the following in Schedule I of the Drug Control Act:

1. Synthetic opioids.

a. 2-(4-isopropoxybenzyl)-5-nitro-1-[2-(pyrrolidin-1-yl)ethyl]-1H-benzo[d]imidazole (other name: N-Pyrrolidino Isotonitazene), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation.

b. 5-nitro-2-(4-propoxybenzyl)-1-[2-(pyrrolidin-1-yl)ethyl]-1H-benzo[d]imidazole (other names: N-Pyrrolidino Protonitazene, Protonitazepyne), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation.

~~c. N-phenyl-N-(1-propionyl-4-piperidinyl)-propanamide (other name: N-propionyl Norfentanyl), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation.~~

~~2. Synthetic compounds.~~

~~a. N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)pentanamide (other names: para-fluoro valeryl fentanyl, para-fluoro pentanoyl fentanyl), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation.~~

~~b. N-(4-fluorophenyl)-N-[1-(2-phenylethyl)piperidin-4-yl]acetamide (other name: para-fluoroacetyl fentanyl), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation.~~

~~3. Compounds expected to have hallucinogenic properties.~~

~~a. 1-[1-(3-fluorophenyl)cyclohexyl]piperidine (other names: 3-fluoro Phencyclidine, 3F-PCP), its salts, isomers (optical, position, and geometric), and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.~~

~~b. 2-(ethylamino)-2-(2-fluorophenyl)-cyclohexanone (other names: 2-fluoro-2-oxo PCE, 2-fluoro NENDCK), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.~~

~~4. Compounds expected to have depressive properties:~~

~~a. 6-(4-chlorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine (other names: 4'-chloro Deschloroalprazolam, 4'Cl Deschloroalprazolam), its salts, isomers (optical, position, and geometric), and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.~~

~~b. 7-chloro-5-(2-chlorophenyl)-1-methyl-3H-1,4-benzodiazepin-2-one (other names: Diclazepam, 2-Chlorodiazepam), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.~~

~~5. Central nervous system stimulant. 2-(3-chlorophenyl)-3-methylmorpholine (other name: 3-chlorophenmetrazine), its salts, isomers (optical, position, and geometric), and salts of isomers.~~

~~The placement of drugs listed in this subsection shall remain in effect until March 27, 2025, unless enacted into law in the Drug Control Act.~~

~~D.~~ A. Pursuant to subsection D of § 54.1-3443 of the Code of Virginia, the Board of Pharmacy places the following in Schedule I of the Drug Control Act:

1. Synthetic opioid.

a. N-ethyl-2-[5-nitro-2-[(4-propan-2-yloxyphenyl)methyl]benzimidazol-1-yl]ethanamine (other name: N-desethyl Isotonitazene), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers and salts is possible within the specific chemical designation.

b. 7-[(3-chloro-6-methyl-5,5-dioxo-11H-benzo[c][2,1]benzothiazepin-11-yl)amino]heptanoic acid (other name: Tianeptine), its isomers, esters, ethers, salts,

and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation.

2. Cannabimimetic agent. Ethyl-3,3-dimethyl-2-[(1-(pent-4-enylindazole-3-carbonyl)amino]butanoate (other name: EDMB-4en-PINACA), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

The placement of drugs listed in this subsection shall remain in effect until July 31, 2025, unless enacted into law in the Drug Control Act.

~~E.~~ B. Pursuant to subsection D of § 54.1-3443 of the Code of Virginia, the Board of Pharmacy places the following compounds expected to have hallucinogenic properties in Schedule I of the Drug Control Act:

1. 1-(3,5-Dimethoxy-4-propoxyphenyl)-2-propanamine (other names: 4-propoxy-3,5-DMA, 3C-P, 1-(3,5-Dimethoxy-4-propoxyphenyl)propan-2-amine), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

2. 2-(5-methoxy-1H-indol-3-yl)ethanamine (other names: 5-methoxytryptamine, 5-MeOT), its salts, isomers (optical, position, and geometric), and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

The placement of drugs listed in this subsection shall remain in effect until August 28, 2025, unless enacted into law in the Drug Control Act.

18VAC110-20-323. Scheduling for conformity with federal law or rule.

Pursuant to subsection E of § 54.1-3443 of the Code of Virginia and in order to conform the Drug Control Act to recent scheduling changes enacted in federal law or rule, the board:

1. Adds MT-45 (1-cyclohexyl-4-(1,2-diphenylethyl)piperazine) to Schedule I;

2. Adds Dronabinol ((-)-delta-9-trans tetrahydrocannabinol) in an oral solution in a drug product approved for marketing by the U.S. Food and Drug Administration to Schedule II;

3. Deletes naldemedine from Schedule II;

4. Deletes naloxegol and 6β-naltrexol from Schedule II;

5. Replaces 4-anilino-N-phenethyl-4-piperidine (CASRN 21409-26-7) in Schedule II with 4-anilino-N-phenethylpiperidine (ANPP);

6. Adds 4-methyl-5-(4-methylphenyl)-4,5-dihydro-1,3-oxazol-2-amine (4,4'-Dimethylaminorex, 4,4'-DMAR) to Schedule I;

7. Adds 1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)pyrrolo[2,3-b]pyridine-3-carboxamide (5F-CUMYL-P7AICA) to Schedule I;

8. Adds ethyl N-phenyl-N-[1-(2-phenylethyl)piperidin-4-yl]carbamate (fentanyl carbamate) to Schedule I;

9. Adds N-(2-fluorophenyl)-N-[1-(2-phenylethyl)piperidin-4-yl]prop-2-enamide (ortho-fluoroacryl fentanyl) to Schedule I;

10. Adds N-(2-fluorophenyl)-2-methyl-N-[1-(2-phenylethyl)piperidin-4-yl]propanamide (ortho-fluoroisobutyryl fentanyl) to Schedule I;

11. Adds N-(4-fluorophenyl)-N-[1-(2-phenylethyl)piperidin-4-yl]furan-2-carboxamide (para-fluoro furanyl fentanyl) to Schedule I;

12. Adds N-(2-fluorophenyl)-N-[1-[2-(2-fluorophenyl)ethyl]piperidin-4-yl]propanamide (2'-fluoro ortho-fluorofentanyl; 2'-fluoro 2-fluorofentanyl) to Schedule I;

13. Adds N-[1-[2-(4-methylphenyl)ethyl]piperidin-4-yl]-N-phenylacetamide (4'-methyl acetyl fentanyl) to Schedule I;

14. Adds N,3-diphenyl-N-[1-(2-phenylethyl)piperidin-4-yl]propanamide (β'-phenyl fentanyl; beta'-phenyl fentanyl; 3-phenylpropanoyl fentanyl) to Schedule I;

15. Adds N-phenyl-N-[1-(2-phenylpropyl)piperidin-4-yl]propanamide (β-methyl fentanyl) to Schedule I;

16. Adds N-(2-fluorophenyl)-N-[1-(2-phenylethyl)piperidin-4-yl]butanamide (ortho-fluorobutyryl fentanyl; 2-fluorobutyryl fentanyl) to Schedule I;

17. Adds N-(2-methylphenyl)-N-[1-(2-phenylethyl)piperidin-4-yl]acetamide (ortho-methyl acetylfentanyl; 2-methyl acetylfentanyl) to Schedule I;

18. Adds 2-methoxy-N-(2-methylphenyl)-N-[1-(2-phenylethyl)piperidin-4-yl]acetamide (ortho-methyl methoxyacetylfentanyl; 2-methyl methoxyacetyl fentanyl) to Schedule I;

19. Adds N-(4-methylphenyl)-N-[1-(2-phenylethyl)piperidin-4-yl]propanamide (para-methylfentanyl; 4-methylfentanyl) to Schedule I;

20. Adds N-phenyl-N-[1-(2-phenylethyl)piperidin-4-yl]thiophene-2-carboxamide (thiophene fentanyl) to Schedule I;

21. Adds N-(4-chlorophenyl)-2-methyl-N-[1-(2-phenylethyl)piperidin-4-yl]propanamide (para-chloroisobutyryl fentanyl) to Schedule I;

22. Adds 24. 2-[2-[(4-butoxyphenyl)methyl]-5-nitrobenzimidazol-1-yl]-N,N-diethylethanamine (Butonitazene) to Schedule I;

23. Adds N,N-diethyl-2-[2-[(4-fluorophenyl)methyl]-5-nitrobenzimidazol-1-yl] ethanamine (Flunitazene) to Schedule I;

24. ~~Adds Oliceridine to Schedule II;~~

~~25.~~ Deletes Samidorphan from Schedule II;

~~26. Adds Remimazolam to Schedule IV;~~

~~27. Adds Serdexmethylphenidate to Schedule IV;~~

~~28. Adds Lemborexant to Schedule IV;~~

~~29. Adds Daridorexant to Schedule IV;~~

~~30. Adds Ganaxolone to Schedule V;~~

~~31.~~ 25. Adds N-methyl-1-(thiophen-2-yl)propan-2-amine (other name: methiopropamine) to Schedule I;

~~32~~. 26. Adds N-phenyl-N′-(3-(1-phenylpropan-2-yl)-1,2,3-oxadiazol-3-ium-5-yl)carbamimidate (other name: mesocarb) to Schedule I;

~~33.~~ 27. Adds 1-methoxy-3-[4-(2-methoxy-2-phenylethyl)piperazin-1-yl]-1-phenylpropan-2-ol (other name: zipeprol) to Schedule I;

~~34.~~ 28. Adds 7-[(10,11-dihydro-5H-dibenzo[a,d]cyclohepten-5-yl)amino]heptanoic acid (other name: amineptine) to Schedule I;

~~35. Deletes Fenfluramine from Schedule IV; and~~

~~36.~~ 29. Adds zuranolone to Schedule IV.

CHAPTER 228

An Act to amend and reenact §§ 54.1-3446, 54.1-3448, 54.1-3452, and 54.1-3454 of the Code of Virginia, relating to Drug Control Act; Schedule I; Schedule II; Schedule IV; Schedule V.

[S 111]

Approved March 28, 2024

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3446, 54.1-3448, 54.1-3452, and 54.1-3454 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-3446. Schedule I.

The controlled substances listed in this section are included in Schedule I:

1. Any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers and salts is possible within the specific chemical designation:

1-{1-[1-(4-bromophenyl)ethyl]-4-piperidinyl}-1,3-dihydro-2H-benzimidazol-2-one (other name: Brorphine);

1-[2-methyl-4-(3-phenyl-2-propen-1-yl)-1-piperazinyl]-1-butanone (other name: 2-methyl AP-237);

1-(2-phenylethyl)-4-phenyl-4-acetyloxypiperidine (other name: PEPAP);

1-(4-cinnamyl-2,6-dimethylpiperazin-1-yl)propan-1-one (other name: AP-238);

1-methoxy-3-[4-(2-methoxy-2-phenylethyl)piperazin-1-yl]-1-phenylpropan-2-ol (other name: zipeprol);

1-methyl-4-phenyl-4-propionoxypiperidine (other name: MPPP);

2-(4-ethoxybenzyl)-5-nitro-1-[2-(pyrrolidin-1-yl)ethyl]-1H-benzimidazole (other names: N-pyrrolidino etonitazene, etonitazepyne);

2-[(4-methoxyphenyl)methyl]-N,N-diethyl-5-nitro-1H-benzimidazole-1-ethanamine (other name: Metonitazene);

2-methoxy-N-phenyl-N-[1-(2-phenylethyl)-4-piperidinyl]-acetamide (other name: Methoxyacetyl fentanyl);

3,4-dichloro-N-[2-(dimethylamino)cyclohexyl]-N-methyl-benzamide (other name: U-47700);

3,4-dichloro-N-{[1-(dimethylamino)cyclohexyl]methyl}benzamide (other name: AH-7921);

Acetyl fentanyl (other name: desmethyl fentanyl);

Acetylmethadol;

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, also known as levo-alpha-acetylmethadol, levomethadyl acetate, or LAAM);

Alphameprodine;

Alphamethadol;

Benzethidine;

Betacetylmethadol;

Betameprodine;

Betamethadol;

Betaprodine;

Clonitazene;

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambutene;

Dioxaphetylbutyrate;

Dipipanone;

Ethyl N-phenyl-N-[1-(2-phenylethyl)piperidin-4-yl]carbamate (other name: fentanyl carbamate);

Ethylmethylthiambutene;

Etonitazene;

Etoxeridine;

Furethidine;

Hydroxypethidine;

Ketobemidone;

Levomoramide;

Levophenacylmorphan;
Morpheridine;
MT-45 (1-cyclohexyl-4-(1,2-diphenylethyl)piperazine);
N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopropanecarboxamide (other name: Cyclopropyl fentanyl);
N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carboxamide (other name: Tetrahydrofuranyl fentanyl);
N-[1-[1-methyl-2-(2-thienyl)ethyl]-4-piperidyl]-N-phenylpropanamide (other name: alpha-methylthiofentanyl);
N-[1-(1-methyl-2-phenylethyl)-4-piperidyl]-N-phenylacetamide (other name: acetyl-alpha-methylfentanyl);
N-{1-[2-hydroxy-2-(2-thienyl)ethyl]-4-piperidinyl}-N-phenylpropanamide (other name: beta-hydroxythiofentanyl);
N-[1-(2-hydroxy-2-phenyl)ethyl-4-piperidyl]-N-phenylpropanamide (other name: beta-hydroxyfentanyl);
N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl]propionanilide (other names: 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine, alpha-methylfentanyl);
N-(2-fluorophenyl)-N-[1-(2-phenylethyl)piperidin-4-yl]prop-2-enamide (other name: ortho-fluoroacryl fentanyl);
N-(2-fluorophenyl)-N-[1-(2-phenylethyl)-4-piperidinyl]-propanamide (other names: 2-fluorofentanyl, ortho-fluorofentanyl);
N-(2-fluorophenyl)-2-methyl-N-[1-(2-phenylethyl)piperidin-4-yl]propanamide (other name: ortho-fluoroisobutyryl fentanyl);
N-(2-fluorophenyl)-N-[1-[2-(2-fluorophenyl)ethyl]piperidin-4-yl]propanamide (other names: 2'-fluoro ortho-fluorofentanyl; 2'-fluoro 2-fluorofentanyl);
N-[1-[2-(4-methylphenyl)ethyl]piperidin-4-yl]-N-phenylacetamide (other name: 4'-methyl acetyl fentanyl);
N,3-diphenyl-N-[1-(2-phenylethyl)piperidin-4-yl]propanamide (other names: beta'-phenyl fentanyl; beta'-phenyl fentanyl; 3-phenylpropanoyl fentanyl);
N-phenyl-N-[1-(2-phenylpropyl)piperidin-4-yl]propanamide (other name: beta-methyl fentanyl);
N-(2-fluorophenyl)-N-[1-(2-phenylethyl)piperidin-4-yl]butanamide (other name: ortho-fluorobutyryl fentanyl; 2-fluorobutyryl fentanyl);
N-(2-methylphenyl)-N-[1-(2-phenylethyl)piperidin-4-yl]acetamide (other names: ortho-methyl acetylfentanyl; 2-methyl acetylfentanyl);
N-(4-methylphenyl)-N-[1-(2-phenylethyl)piperidin-4-yl]propanamide (other names: para-methylfentanyl; 4-methylfentanyl);
N-(4-chlorophenyl)-2-methyl-N-[1-(2-phenylethyl)piperidin-4-yl]propanamide (other name: para-chloroisobutyryl fentanyl);
N-(3-fluorophenyl)-N-[1-(2-phenylethyl)-4-piperidinyl]-propanamide (other name: 3-fluorofentanyl);
N-[3-methyl-1-(2-hydroxy-2-phenylethyl)4-piperidyl]-N-phenylpropanamide (other name: beta-hydroxy-3-methylfentanyl);
N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide (other name: 3-methylfentanyl);
N-[3-methyl-1-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide (other name: 3-methylthiofentanyl);
N-(4-chlorophenyl)-N-[1-(2-phenylethyl)-4-piperidinyl]-propanamide (other names: para-chlorofentanyl, 4-chlorofentanyl);
N-(4-fluorophenyl)-2-methyl-N-[1-(2-phenylethyl)-4-piperidinyl]-propanamide (other name: para-fluoroisobutyryl fentanyl);
N-(4-fluorophenyl)-N-[1-(2-phenylethyl)piperidin-4-yl]furan-2-carboxamide (other name: para-fluoro furanyl fentanyl);
N-(4-fluorophenyl)-N-[1-(2-phenylethyl)-4-piperidinyl]-butanamide (other name: para-fluorobutyrylfentanyl);
N-(4-fluorophenyl)-N-1-(2-phenylethyl)-4-piperidinyl]-propanamide (other name: para-fluorofentanyl);
N,N-diethyl-2-[2-[(4-fluorophenyl)methyl]-5-nitrobenzimidazol-1-yl] ethanamine (other name: Flunitazene);
N,N-diethyl-2-(2-(4-isopropoxybenzyl)-5-nitro-1H-benzimidazol-1-yl)ethan-1-amine (other name: Isotonitazene);
N,N-diethyl-2-{[(4-ethoxyphenyl) methyl]-1H-benzimidazol-1-yl}-ethan-1-amine (other names: Etazene, Desnitroetonitazene);
N,N-diethyl-2-[(4-methoxyphenyl)methyl]-1H-benzimidazole-1-ethanamine (other name: Metodesnitazene);
N,N-diethyl-2-[5-nitro-2-(4-propoxybenzyl)-1H-benzimidazol-1-yl]ethanamine (other name: Protonitazene);
N-phenyl-N-[1-(2-phenylmethyl)-4-piperidinyl]-2-furancarboxamide (other name: N-benzyl Furanyl norfentanyl);

N-phenyl-N-(4-piperidinyl)-propanamide (other name: Norfentanyl);
Noracymethadol;
Norlevorphanol;
Normethadone;
Norpipanone;
N-phenyl-N-[1-(2-phenylethyl)-4-piperidinyl]-2-furancarboxamide (other name: Furanyl fentanyl);
N-phenyl-N-[1-(2-phenylethyl)-4-piperidinyl]-2-propenamide (other name: Acryl fentanyl);
N-phenyl-N-[1-(2-phenylethyl)-4-piperidinyl]-butanamide (other name: butyryl fentanyl);
N-phenyl-N-[1-(2-phenylethyl)-4-piperidinyl]-pentanamide (other name: Pentanoyl fentanyl);
N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide (other name: thiofentanyl);
N-phenyl-N-[1-(2-phenylethyl)piperidin-4-yl]thiophene-2-carboxamide (other name: thiophene fentanyl);
Phenadoxone;
Phenampromide;
Phenomorphan;
Phenoperidine;
Piritramide;
Proheptazine;
Properidine;
Propiram;
Racemoramide;
Tilidine;
Trimeperidine;
N-phenyl-N-[1-(2-phenylethyl)-4-piperidinyl]-1,3-benzodioxole-5-carboxamide (other name: Benzodioxole fentanyl);
3,4-dichloro-N-[2-(diethylamino)cyclohexyl]-N-methylbenzamide (other name: U-49900);
2-methoxy-N-(2-methylphenyl)-N-[1-(2-phenylethyl)piperidin-4-yl]acetamide (other names: ortho-methyl methoxyacetylfentanyl; 2-methyl methoxyacetyl fentanyl);
2-methyl-N-phenyl-N-[1-(2-phenylethyl)piperidin-4-yl]butanamide (other name: 2-methyl butyryl fentanyl);
2-[2-[(4-butoxyphenyl)methyl]-5-nitrobenzimidazol-1-yl]-N,N-diethylethanamine (other name: Butonitazene);
2-(2,4-dichlorophenyl)-N-[2-(dimethylamino)cyclohexyl]-N-methyl acetamide (other name: U-48800);
2-(3,4-dichlorophenyl)-N-[2-(dimethylamino)cyclohexyl]-N-methyl acetamide (other name: U-51754);
2-(4-isopropoxybenzyl)-5-nitro-1-[2-(pyrrolidin-1-yl)ethyl]-1H-benzo[d]imidazole (other name: N-Pyrrolidino Isotonitazene);
N-(2-fluorophenyl)-2-methoxy-N-[1-(2-phenylethyl)-4-piperidinyl]-acetamide (other name: Ocfentanil);
N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)pentanamide (other names: para-fluoro valeryl fentanyl, para-fluoro pentanoyl fentanyl);
N-(4-fluorophenyl)-N-[1-(2-phenylethyl)piperidin-4-yl]acetamide (other name: para-fluoroacetyl fentanyl);
N-(4-methoxyphenyl)-N-[1-(2-phenylethyl)-4-piperidinyl]-butanamide (other name: 4-methoxybutyrylfentanyl);
N-phenyl-2-methyl-N-[1-(2-phenylethyl)-4-piperidinyl]-propanamide (other name: Isobutyryl fentanyl);
N-phenyl-N-[1-(2-phenylethyl)-4-piperidinyl]-cyclopentanecarboxamide (other name: Cyclopentyl fentanyl);
N-phenyl-N-(1-methyl-4-piperidinyl)-propanamide (other name: N-methyl norfentanyl);
N-phenyl-N-(1-propionyl-4-piperidinyl)-propanamide (other name: N-propionyl norfentanyl);
N-[2-(dimethylamino)cyclohexyl]-N-methyl-1,3-benzodioxole-5-carboxamide (other names: 3,4-methylenedioxy U-47700 or 3,4-MDO-U-47700);
N-phenyl-N-[1-(2-phenylethyl)-4-piperidinyl]-2-butenamide (other name: Crotonyl fentanyl);
N-phenyl-N-[4-phenyl-1-(2-phenylethyl)-4-piperidinyl]-propanamide (other name: 4-phenylfentanyl);
N-phenyl-N-[1-(2-phenylethyl)-4-piperidinyl]-benzamide (other names: Phenyl fentanyl, Benzoyl fentanyl);
N-[2-(dimethylamino)cyclohexyl]-N-phenylfuran-2-carboxamide (other name: Furanyl UF-17);
N-[2-(dimethylamino)cyclohexyl]-N-phenylpropionamide (other name: UF-17);
3,4-dichloro-N-[2-(dimethylamino)cyclohexyl]-N-isopropyl-benzamide (other name: Isopropyl U-47700).*;*
5-nitro-2-(4-propoxybenzyl)-1-[2-(pyrrolidin-1-yl)ethyl]-1H-benzo[d]imidazole (other names: N-Pyrrolidino Protonitazene, Protonitazepyne).

2. Any of the following opium derivatives, their salts, isomers and salts of isomers, unless specifically excepted, whenever the existence of these salts, isomers and salts of isomers is possible within the specific chemical designation:
Acetorphine;

Acetyldihydrocodeine;
Benzylmorphine;
Codeine methylbromide;
Codeine-N-Oxide;
Cyprenorphine;
Desomorphine;
Dihydromorphine;
Drotebanol;
Etorphine;
Heroin;
Hydromorphinol;
Methyldesorphine;
Methyldihydromorphine;
Morphine methylbromide;
Morphine methylsulfonate;
Morphine-N-Oxide;
Myrophine;
Nicocodeine;
Nicomorphine;
Normorphine;
Pholcodine;
Thebacon.

3. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation, which contains any quantity of the following hallucinogenic substances, or which contains any of its salts, isomers, and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation (for purposes of this subdivision only, the term "isomer" includes the optical, position, and geometric isomers):

Alpha-ethyltryptamine (some trade or other names: Monase; a-ethyl-1H-indole-3-ethanamine; 3-2-aminobutyl] indole; a-ET; AET);

4-Bromo-2,5-dimethoxyphenethylamine (some trade or other names: 2-4-bromo-2,5-dimethoxyphenyl]-1-aminoethane;alpha-desmethyl DOB; 2C-B; Nexus);

3,4-methylenedioxy amphetamine;
5-methoxy-3,4-methylenedioxy amphetamine;
3,4,5-trimethoxy amphetamine;
Alpha-methyltryptamine (other name: AMT);
Bufotenine;
Diethyltryptamine;
Dimethyltryptamine;
4-methyl-2,5-dimethoxyamphetamine;
2,5-dimethoxy-4-ethylamphetamine (DOET);
4-fluoro-N-ethylamphetamine;
2,5-dimethoxy-4-(n)-propylthiophenethylamine (other name: 2C-T-7);
Ibogaine;
5-methoxy-N,N-diisopropyltryptamine (other name: 5-MeO-DIPT);
Lysergic acid diethylamide;
Mescaline;

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7,8,9,10-tetrahydro-6,6,9-trimethyl-6H-dibenzo [b,d] pyran; Synhexyl);

Peyote;
N-ethyl-3-piperidyl benzilate;
N-methyl-3-piperidyl benzilate;
Psilocybin;
Psilocyn;
Salvinorin A;

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-a-methylphenethylamine; 2,5-DMA);

3,4-methylenedioxymethamphetamine (MDMA), its optical, positional and geometric isomers, salts and salts of isomers;

3,4-methylenedioxy-N-ethylamphetamine (also known as N-ethyl-alpha-methyl-3,4 (methylenedioxy)phenethylamine, N-ethyl MDA, MDE, MDEA);

N-hydroxy-3,4-methylenedioxyamphetamine (some other names: N-hydroxy-alpha-methyl-3,4(methylenedioxy)phenethylamine, and N-hydroxy MDA);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-a-methylphenethylamine; 4-bromo-2,5-DMA);

4-methoxyamphetamine (some trade or other names: 4-methoxy-a-methylphenethylamine; paramethoxyamphetamine; PMA);

Ethylamine analog of phencyclidine (some other names: N-ethyl-1-phenylcyclohexylamine, (1-phenylcyclohexyl) ethylamine, N-(1-phenylcyclohexyl) ethylamine, cyclohexamine, PCE);

Pyrrolidine analog of phencyclidine (some other names: 1-(1-phenylcyclohexyl)-pyrrolidine, PCPy, PHP);

Thiophene analog of phencyclidine (some other names: 1-[1-(2-thienyl)-cyclohexyl]-piperidine, 2-thienyl analog of phencyclidine, TPCP, TCP);

1-1-(2-thienyl)cyclohexyl]pyrrolidine (other name: TCPy);

3,4-methylenedioxypyrovalerone (other name: MDPV);

4-methylmethcathinone (other names: mephedrone, 4-MMC);

3,4-methylenedioxymethcathinone (other name: methylone);

Naphthylpyrovalerone (other name: naphyrone);

4-fluoromethcathinone (other names: flephedrone, 4-FMC);

4-methoxymethcathinone (other names: methedrone; bk-PMMA);

Ethcathinone (other name: N-ethylcathinone);

3,4-methylenedioxyethcathinone (other name: ethylone);

Beta-keto-N-methyl-3,4-benzodioxolylbutanamine (other name: butylone);

N,N-dimethylcathinone (other name: metamfepramone);

Alpha-pyrrolidinopropiophenone (other name: alpha-PPP);

4-methoxy-alpha-pyrrolidinopropiophenone (other name: MOPPP);

3,4-methylenedioxy-alpha-pyrrolidinopropiophenone (other name: MDPPP);

Alpha-pyrrolidinovalerophenone (other name: alpha-PVP);

6,7-dihydro-5H-indeno-(5,6-d)-1,3-dioxol-6-amine (other name: MDAI);

3-fluoromethcathinone (other name: 3-FMC);

4-Ethyl-2,5-dimethoxyphenethylamine (other name: 2C-E);

4-Iodo-2,5-dimethoxyphenethylamine (other name: 2C-I);

4-Methylethcathinone (other name: 4-MEC);

4-Ethylmethcathinone (other name: 4-EMC);

N,N-diallyl-5-methoxytryptamine (other name: 5-MeO-DALT);

Beta-keto-methylbenzodioxolylpentanamine (other names: Pentylone, bk-MBDP);

Alpha-methylamino-butyrophenone (other name: Buphedrone);

Alpha-methylamino-valerophenone (other name: Pentedrone);

3,4-Dimethylmethcathinone (other name: 3,4-DMMC);

4-methyl-alpha-pyrrolidinopropiophenone (other name: MPPP);

4-Iodo-2,5-dimethoxy-N-[(2-methoxyphenyl)methyl]-benzeneethanamine (other names: 25-I, 25I-NBOMe, 2C-I-NBOMe);

Methoxetamine (other names: MXE, 3-MeO-2-Oxo-PCE);

4-Fluoromethamphetamine (other name: 4-FMA);

4-Fluoroamphetamine (other name: 4-FA);

2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (other name: 2C-D);

2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (other name: 2C-C);

2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (other name: 2C-T-2);

2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (other name: 2C-T-4);

2-(2,5-Dimethoxyphenyl)ethanamine (other name: 2C-H);

2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine (other name: 2C-N);

2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (other name: 2C-P);

(2-aminopropyl)benzofuran (other name: APB);

(2-aminopropyl)-2,3-dihydrobenzofuran (other name: APDB);

4-chloro-2,5-dimethoxy-N-[(2-methoxyphenyl)methyl]-benzeneethanamine (other names: 2C-C-NBOMe, 25C-NBOMe, 25C);

4-bromo-2,5-dimethoxy-N-[(2-methoxyphenyl)methyl]-benzeneethanamine (other names: 2C-B-NBOMe, 25B-NBOMe, 25B);

Acetoxydimethyltryptamine (other names: AcO-Psilocin, AcO-DMT, Psilacetin);

Benocyclidine (other names: BCP, BTCP);

Alpha-pyrrolidinobutiophenone (other name: alpha-PBP);

3,4-methylenedioxy-N,N-dimethylcathinone (other names: Dimethylone, bk-MDDMA);

4-bromomethcathinone (other name: 4-BMC);

4-chloromethcathinone (other name: 4-CMC);

4-Iodo-2,5-dimethoxy-N-[(2-hydroxyphenyl)methyl]-benzeneethanamine (other name: 25I-NBOH);

Alpha-Pyrrolidinohexiophenone (other name: alpha-PHP);

Alpha-Pyrrolidinoheptiophenone (other name: PV8);

5-methoxy-N,N-methylisopropyltryptamine (other name: 5-MeO-MIPT);

Beta-keto-N,N-dimethylbenzodioxolylbutanamine (other names: Dibutylone, bk-DMBDB);

Beta-keto-4-bromo-2,5-dimethoxyphenethylamine (other name: bk-2C-B);
1-(1,3-benzodioxol-5-yl)-2-(ethylamino)-1-pentanone (other name: N-ethylpentylone);
1-[1-(3-methoxyphenyl)cyclohexyl]piperidine (other name: 3-methoxy PCP);
1-[1-(4-methoxyphenyl)cyclohexyl]piperidine (other name: 4-methoxy PCP);
4-Chloroethcathinone (other name: 4-CEC);
3-Methoxy-2-(methylamino)-1-(4-methylphenyl)-1-propanone (other name: Mexedrone);
1-propionyl lysergic acid diethylamide (other name: 1P-LSD);
(2-Methylaminopropyl)benzofuran (other name: MAPB);
1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)-1-pentanone (other names: N,N-Dimethylpentylone, Dipentylone);
1-(4-methoxyphenyl)-2-(pyrrolidin-1-yl)octan-1-one (other name: 4-methoxy-PV9);
3,4-tetramethylene-alpha-pyrrolidinovalerophenone (other name: TH-PVP);
4-allyloxy-3,5-dimethoxyphenethylamine (other name: Allylescaline);
4-Bromo-2,5-dimethoxy-N-[(2-hydroxyphenyl)methyl]-benzeneethanamine (other name: 25B-NBOH);
4-chloro-alpha-methylamino-valerophenone (other name: 4-chloropentedrone);
4-chloro-alpha-Pyrrolidinovalerophenone (other name: 4-chloro-alpha-PVP);
4-fluoro-alpha-Pyrrolidinoheptiophenone (other name: 4-fluoro-PV8);
4-hydroxy-N,N-diisopropyltryptamine (other name: 4-OH-DIPT);
4-methyl-alpha-ethylaminopentiophenone;
4-methyl-alpha-Pyrrolidinohexiophenone (other name: MPHP);
5-methoxy-N,N-dimethyltryptamine (other name: 5-MeO-DMT);
5-methoxy-N-ethyl-N-isopropyltryptamine (other name: 5-MeO-EIPT);
6-ethyl-6-nor-lysergic acid diethylamide (other name: ETH-LAD);
6-allyl-6-nor-lysergic acid diethylamide (other name: AL-LAD);
(N-methyl aminopropyl)-2,3-dihydrobenzofuran (other name: MAPDB);
2-(methylamino)-2-phenyl-cyclohexanone (other name: Deschloroketamine);
2-(ethylamino)-2-phenyl-cyclohexanone (other name: deschloro-N-ethyl-ketamine);
2-methyl-1-(4-(methylthio)phenyl)-2-morpholinopropiophenone (other name: MMMP);
Alpha-ethylaminohexanophenone (other name: N-ethylhexedrone);
N-ethyl-1-(3-methoxyphenyl)cyclohexylamine (other name: 3-methoxy-PCE);
4-fluoro-alpha-pyrrolidinohexiophenone (other name: 4-fluoro-alpha-PHP);
N-ethyl-1,2-diphenylethylamine (other name: Ephenidine);
2,5-dimethoxy-4-chloroamphetamine (other name: DOC);
3,4-methylenedioxy-N-tert-butylcathinone;
Alpha-pyrrolidinoisohexiophenone (other name: alpha-PiHP);
1-[1-(3-hydroxyphenyl)cyclohexyl]piperidine (other name: 3-hydroxy PCP);
4-acetyloxy-N,N-diallyltryptamine (other name: 4-AcO-DALT);
4-hydroxy-N,N-methylisopropyltryptamine (other name: 4-hydroxy-MiPT);
3,4-Methylenedioxy-alpha-pyrrolidinohexanophenone (other name: MDPHP);
5-methoxy-N,N-dibutyltryptamine (other name: 5-methoxy-DBT);
1-(1,3-benzodioxol-5-yl)-2-(ethylamino)-1-butanone (other names: Eutylone, bk-EBDB);
1-(1,3-benzodioxol-5-yl)-2-(butylamino)-1-pentanone (other name: N-butylpentylone);
N-benzyl-3,4-dimethoxyamphetamine (other name: N-benzyl-3,4-DMA);
1-(benzo[d][1,3]dioxol-5-yl)-2-(sec-butylamino)pentan-1-one (other name: N-sec-butyl Pentylone);
1-cyclopropionyl lysergic acid diethylamide (other name: 1cP-LSD);
2-(ethylamino)-1-phenylheptan-1-one (other name: N-ethylheptedrone);
(2-ethylaminopropyl)benzofuran (other name: EAPB);
4-ethyl-2,5-dimethoxy-N-[(2-hydroxyphenyl)methyl]-benzeneethanamine (other name: 25E-NBOH);
2-fluoro-Deschloroketamine (other name: 2-(2-fluorophenyl)-2-(methylamino)-cyclohexanone);
4-hydroxy-N-ethyl-N-propyltryptamine (other name: 4-hydroxy-EPT);
2-(isobutylamino)-1-phenylhexan-1-one (other names: N-Isobutyl Hexedrone, alpha-isobutylaminohexanphenone);
1-(4-methoxyphenyl)-N-methylpropan-2-amine (other names: para-Methoxymethamphetamine, PMMA);
N-ethyl-1-(3-hydroxyphenyl)cyclohexylamine (other name: 3-hydroxy-PCE);
N-heptyl-3,4-dimethoxyamphetamine (other name: N-heptyl-3,4-DMA);
N-hexyl-3,4-dimethoxyamphetamine (other name: N-hexyl-3,4-DMA);
4-fluoro-3-methyl-alpha-pyrrolidinovalerophenone (other name: 4-fluoro-3-methyl-alpha-PVP);
4-fluoro-alpha-methylamino-valerophenone (other name: 4-fluoropentedrone);
N-(1,4-dimethylpentyl)-3,4-dimethoxyamphetamine (other name: N-(1,4-dimethylpentyl)-3,4-DMA);
4,5-methylenedioxy-N,N-diisopropyltryptamine (other name: 4,5-MDO-DiPT);
Alpha-pyrrolidinocyclohexanophenone (other name: alpha-PCYP);
3,4-methylenedioxy-alpha-pyrrolidinoheptiophenone (other name: MDPV8);
4-chloro-alpha-methylaminobutiophenone (other name: 4-chloro Buphedrone);

1-(1,3-benzodioxol-5-yl)-2-(cyclohexylamino)butan-1-one (other names: Cybutylone, N-cyclohexyl Butylone);

1-(1,3-benzodioxol-5-yl)-2-(propylamino)-1-butanone (other names: 3,4-Methylenedioxy-alpha-propylaminobutiophenone; N-propyl butylone);

1-[1-(3-chlorophenyl)cyclohexyl]-piperidine (other names: 3-Chloro Phencyclidine, 3Cl-PCP, 3-chloro PCP);

1-[1-(3-fluorophenyl)cyclohexyl]piperidine (other names: 3-fluoro Phencyclidine, 3F-PCP);

1-(7-methoxy-1,3-benzodioxol-5-yl)propan-2-amine (other names: 5-methoxy-3,4-methylenedioxyamphetamine, 3-methoxy MDA, MMDA);

2-(ethylamino)-1-phenylpentan-1-one (other names: N-ethylpentedrone, alpha-ethylaminopentiophenone);

2-(ethylamino)-2-(2-fluorophenyl)-cyclohexanone (other names: 2-fluoro-2-oxo PCE, 2-fluoro NENDCK);

3,4-methylenedioxy-alpha-cyclohexylaminopropiophenone (other name: Cyputylone);

3,4-methylenedioxy-alpha-cyclohexylmethylaminopropiophenone (other name: 3,4-Methylenedioxy-N,N-cyclohexylmethcathinone);

3,4-methylenedioxy-alpha-isopropylaminobutiophenone (other name: N-isopropyl butylone);

4-chloro-N-butylcathinone (other names: 4-chlorobutylcathinone, para-chloro-N-butylcathinone);

4-hydroxy-N-methyl-N-ethyltryptamine (other names: 4-hydroxy MET, Metocin);

4-methallyloxy-3,5-dimethoxyphenethylamine (other name: Methallylescaline);

Alpha-pyrrolidino-2-phenylacetophenone (other name: alpha-D2PV).

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers and salts of isomers whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

5-(2-chlorophenyl)-1,3-dihydro-3-methyl-7-nitro-2H-1,4-benzodiazepin-2-one (other name: Meclonazepam);

7-chloro-5-(2-fluorophenyl)-1,3-dihydro-1,4-benzodiazepin-2-one (other name: Norfludiazepam);

Bromazolam;

Clonazolam;

Deschloroetizolam;

Etizolam;

Flualprazolam;

Flubromazepam;

Flubromazolam;

Gamma hydroxybutyric acid (some other names include GHB; gamma hydroxybutyrate; 4-hydroxybutyrate; 4-hydroxybutanoic acid; sodium oxybate; sodium oxybutyrate);

Mecloqualone;

Methaqualone;

6-(4-chlorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine (other names: 4'-chloro Deschloroalprazolam, 4'Cl-Deschloroalprazolam);

7-bromo-5-phenyl-1,3-dihydro-1,4-benzodiazepin-2-one (other names: Desalkylgidazepam, Bromonordiazepam);

7-chloro-5-(2-chlorophenyl)-1-methyl-3H-1,4-benzodiazepin-2-one (other names: Diclazepam, 2-Chlorodiazepam);

8-bromo-6-(2-chlorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine (other names: Clobromazolam, Phenazolam).

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers and salts of isomers:

2-(3-fluorophenyl)-3-methylmorpholine (other name: 3-fluorophenmetrazine);

Aminorex (some trade or other names; aminoxaphen; 2-amino-5-phenyl-2-oxazoline; 4,5-dihydro-5-phenyl-2-oxazolamine);

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone, alpha-aminopropiophenone, 2-aminopropiophenone, norephedrone), and any plant material from which Cathinone may be derived;

Cis-4-methylaminorex (other name: cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine);

Ethylamphetamine;

Ethyl phenyl(piperidin-2-yl)acetate (other name: Ethylphenidate);

Fenethylline;

Methcathinone (some other names: 2-(methylamino)-propiophenone; alpha-(methylamino)-propiophenone; 2-(methylamino)-1-phenylpropan-1-one; alpha-N-methylaminopropiophenone; monomethylpropion; ephedrone; N-methylcathinone; methylcathinone; AL-464; AL-422; AL-463 and UR 1432);

N-Benzylpiperazine (some other names: BZP, 1-benzylpiperazine);

N-methyl-1-(thiophen-2-yl)propan-2-amine (other name: methiopropamine);

N,N-dimethylamphetamine (other names: N,N-alpha-trimethyl-benzeneethanamine, N,N-alpha-trimethylphenethylamine);

N-phenyl-N'-(3-(1-phenylpropan-2-yl)-1,2,3-oxadiazol-3-ium-5-yl)carbamimidate (other name: mesocarb);

Methyl 2-(4-fluorophenyl)-2-(2-piperidinyl)acetate (other name: 4-fluoromethylphenidate);

Isopropyl-2-phenyl-2-(2-piperidinyl)acetate (other name: Isopropylphenidate);

2-(3-chlorophenyl)-3-methylmorpholine (other name: 3-chlorophenmetrazine);

4-chloro-N,N-dimethylcathinone;

3,4-methylenedioxy-N-benzylcathinone (other name: BMDP);

4-methylmethamphetamine (other names: N-alpha,4-trimethyl-benzeneethanamine, 4-MMA)*;*

4-methyl-5-(4-methylphenyl)-4,5-dihydro-1,3-oxazol-2-amine (other names: 4,4'-Dimethylaminorex, 4,4'-DMAR);

7-[(10,11-dihydro-5H-dibenzo[a,d]cyclohepten-5-yl)amino]heptanoic acid (other name: amineptine).

6. Any substance that contains one or more cannabimimetic agents or that contains their salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation, and any preparation, mixture, or substance containing, or mixed or infused with, any detectable amount of one or more cannabimimetic agents.

a. "Cannabimimetic agents" includes any substance that is within any of the following structural classes:

2-(3-hydroxycyclohexyl)phenol with substitution at the 5-position of the phenolic ring by alkyl or alkenyl, whether or not substituted on the cyclohexyl ring to any extent;

3-(1-naphthoyl)indole or 1H-indol-3-yl-(1-naphthyl)methane with substitution at the nitrogen atom of the indole ring, whether or not further substituted on the indole ring to any extent, whether or not substituted on the naphthoyl or naphthyl ring to any extent;

3-(1-naphthoyl)pyrrole with substitution at the nitrogen atom of the pyrrole ring, whether or not further substituted in the pyrrole ring to any extent, whether or not substituted on the naphthoyl ring to any extent;

1-(1-naphthylmethyl)indene with substitution of the 3-position of the indene ring, whether or not further substituted in the indene ring to any extent, whether or not substituted on the naphthyl ring to any extent;

3-phenylacetylindole or 3-benzoylindole with substitution at the nitrogen atom of the indole ring, whether or not further substituted in the indole ring to any extent, whether or not substituted on the phenyl ring to any extent;

3-cyclopropoylindole with substitution at the nitrogen atom of the indole ring, whether or not further substituted on the indole ring to any extent, whether or not substituted on the cyclopropyl ring to any extent;

3-adamantoylindole with substitution at the nitrogen atom of the indole ring, whether or not further substituted on the indole ring to any extent, whether or not substituted on the adamantyl ring to any extent;

N-(adamantyl)-indole-3-carboxamide with substitution at the nitrogen atom of the indole ring, whether or not further substituted on the indole ring to any extent, whether or not substituted on the adamantyl ring to any extent; and

N-(adamantyl)-indazole-3-carboxamide with substitution at a nitrogen atom of the indazole ring, whether or not further substituted on the indazole ring to any extent, whether or not substituted on the adamantyl ring to any extent.

b. The term "cannabimimetic agents" includes:

5-bromo-N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1H-indazole-3-carboxamide (other name: ADB-5Br-INACA);

5-(1,1-Dimethylheptyl)-2-[3-hydroxycyclohexyl]-phenol (other name: CP 47,497);

5-(1,1-Dimethylhexyl)-2-[3-hydroxycyclohexyl]-phenol (other name: CP 47,497 C6 homolog);

5-(1,1-Dimethyloctyl)-2-[3-hydroxycyclohexyl]-phenol (other name: CP 47,497 C8 homolog);

5-(1,1-Dimethylnonyl)-2-[3-hydroxycyclohexyl]-phenol (other name: CP 47,497 C9 homolog);

1-pentyl-3-(1-naphthoyl)indole (other names: JWH-018, AM-678);

1-butyl-3-(1-naphthoyl)indole (other name: JWH-073);

1-pentyl-3-(2-methoxyphenylacetyl)indole (other name: JWH-250);

1-hexyl-3-(naphthalen-1-oyl)indole (other name: JWH-019);

1-[2-(4-morpholinyl)ethyl]-3-(1-naphthoyl)indole (other name: JWH-200);

(6aR,10aR)-9-(hydroxymethyl)-6,6-dimethyl-3-(2-methyloctan-2-yl)-6a,7,10,10a-tetrahydrobenzo[c]chromen-1-ol (other name: HU-210);

1-pentyl-3-(4-methoxy-1-naphthoyl)indole (other name: JWH-081);

1-pentyl-3-(4-methyl-1-naphthoyl)indole (other name: JWH-122);

1-pentyl-3-(2-chlorophenylacetyl)indole (other name: JWH-203);

1-pentyl-3-(4-ethyl-1-naphthoyl)indole (other name: JWH-210);

1-pentyl-3-(4-chloro-1-naphthoyl)indole (other name: JWH-398);
1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole (other name: AM-694);
1-((N-methylpiperidin-2-yl)methyl)-3-(1-naphthoyl)indole (other name: AM-1220);
1-(5-fluoropentyl)-3-(1-naphthoyl)indole (other name: AM-2201);
1-[(N-methylpiperidin-2-yl)methyl]-3-(2-iodobenzoyl)indole (other name: AM-2233);
Pravadoline (4-methoxyphenyl)-[2-methyl-1-(2-(4-morpholinyl)ethyl)indol-3-yl]methanone (other name: WIN 48,098);
1-pentyl-3-(4-methoxybenzoyl)indole (other names: RCS-4, SR-19);
1-(2-cyclohexylethyl)-3-(2-methoxyphenylacetyl)indole (other names: RCS-8, SR-18);
1-pentyl-3-(2,2,3,3-tetramethylcyclopropylmethanone)indole (other name: UR-144);
1-(5-fluoropentyl)-3-(2,2,3,3-tetramethylcyclopropylmethanone)indole (other names: XLR-11, 5-fluoro-UR-144);
N-adamantyl-1-fluoropentylindole-3-carboxamide (other name: STS-135);
N-adamantyl-1-pentylindazole-3-carboxamide (other names: AKB48, APINACA);
1-pentyl-3-(1-adamantoyl)indole (other name: AB-001);
(8-quinolinyl)(1-pentylindol-3-yl)carboxylate (other name: PB-22);
(8-quinolinyl)(1-(5-fluoropentyl)indol-3-yl)carboxylate (other name: 5-fluoro-PB-22);
(8-quinolinyl)(1-cyclohexylmethyl-indol-3-yl)carboxylate (other name: BB-22);
N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-5-bromo-1-butylindazole-3-carboxamide (other name: ADB-5'Br-BUTINACA);
N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentylindazole-3-carboxamide (other name: AB-PINACA);
N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)indazole-3-carboxamide (other name: AB-FUBINACA);
1-(5-fluoropentyl)-3-(1-naphthoyl)indazole (other name: THJ-2201);
N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentylindazole-3-carboxamide (other name: ADB-PINACA);
N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)indazole-3-carboxamide (other name: AB-CHMINACA);
N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(5-fluoropentyl)indazole-3-carboxamide (other name: 5-fluoro-AB-PINACA);
N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)indazole-3-carboxamide (other names: ADB-CHMINACA, MAB-CHMINACA);
Methyl N-[(5-bromo-1H-indazol-3-yl)carbonyl]-3-methyl-valinate (other name: MDMB-5Br-INACA);
Methyl-2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3-methylbutanoate (other name: 5-fluoro-AMB);
1-naphthalenyl 1-(5-fluoropentyl)-1H-indole-3-carboxylate (other name: NM-2201);
1-(4-fluorobenzyl)-3-(2,2,3,3-tetramethylcyclopropylmethanone)indole (other name: FUB-144);
1-(5-fluoropentyl)-3-(4-methyl-1-naphthoyl)indole (other name MAM-2201);
N-(1-Amino-3,3-dimethyl-1-oxobutan-2-yl)-1-[(4-fluorophenyl)methyl]-1H-indazole-3-carboxamide (other name: ADB-FUBINACA);
Methyl 2-[1-[(4-fluorophenyl)methyl]-1H-indazole-3-carboxamido]-3,3-dimethylbutanoate (other name: MDMB-FUBINACA);
Methyl 2-[1-(5-fluoropentyl)-1H-indazole-3-carboxamido]-3,3-dimethylbutanoate (other names: 5-fluoro-ADB, 5-Fluoro-MDMB-PINACA);
Methyl 2-({1-[(4-fluorophenyl)methyl]-1H-indazole-3-carbonyl}amino)-3-methylbutanoate (other names: AMB-FUBINACA, FUB-AMB);
N-(adamantan-1-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (other names: FUB-AKB48, 5F-APINACA);
N-(adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide (other name: 5F-AKB48);
N-(adamantanyl)-1-(5-chloropentyl) indazole-3-carboxamide (other name: 5-chloro-AKB48);
Naphthalen-1-yl 1-pentyl-1H-indazole-3-carboxylate (other name: SDB-005);
N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)indole-3-carboxamide (other name: AB-CHMICA);
1-pentyl-N-(phenylmethyl)-1H-indole-3-carboxamide (other name: SDB-006);
Quinolin-8-yl 1-(4-fluorobenzyl)-1H-indole-3-carboxylate (other name: FUB-PB-22);
Methyl N-[1-(cyclohexylmethyl)-1H-indole-3-carbonyl]valinate (other name: MMB-CHMICA);
N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(5-fluoropentyl)indazole-3-carboxamide (other name: 5-fluoro-ADB-PINACA);
1-(4-cyanobutyl)-N-(1-methyl-1-phenylethyl)-1H-indazole-3-carboxamide (other name: 4-cyano CUMYL-BUTINACA);
Methyl 2-[1-(5-fluoropentyl)-1H-indole-3-carboxamido]-3,3-dimethylbutanoate (other names: 5-fluoro MDMB-PICA, 5F-MDMB-PICA);
Ethyl 2-({1-[(4-fluorophenyl)methyl]-1H-indazole-3-carbonyl}amino)-3-methylbutanoate (other name: EMB-FUBINACA);

Methyl 2-[1-4-fluorobutyl)-1H-indazole-3-carboxamido]-3,3-dimethylbutanoate (other name: 4-fluoro-MDMB-BUTINACA);

1-(5-fluoropentyl)-N-(1-methyl-1-phenylethyl)-1H-indole-3-carboxamide (other name: 5-fluoro CUMYL-PICA);

Methyl 2-[1-(pent-4-enyl)-1H-indazole-3-carboxamindo]-3,3-dimethylbutanoate (other name: MDMB-4en-PINACA);

Methyl 2-({1-[(4-fluorophenyl)methyl]-1H-indole-3-carbonyl}amino)-3-methylbutanoate (other names: MMB-FUBICA, AMB-FUBICA);

Methyl 2-[1-(4-penten-1-yl)-1H-indole-3-carboxamido]-3-methylbutanoate (other names: MMB022, MMB-4en-PICA);

Methyl 2-[1-(5-fluoropentyl)-1H-indole-3-carboxamido]-3-methylbutanoate (other name: MMB 2201);

Methyl 2-[1-(5-fluoropentyl)-1H-indole-3-carboxamido]-3-phenylpropanoate (other name: 5-fluoro-MPP-PICA);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-butylindazole-3-carboxamide (other name: ADB-BUTINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(5-chloropentyl)indazole-3-carboxamide (other name: 5-chloro-AB-PINACA);

1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide (other names: 5F-CUMYL-PINACA, 5-fluoro CUMYL-PINACA, CUMYL-5F-PINACA);

1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)pyrrolo[2,3-b]pyridine-3-carboxamide (other name: 5F-CUMYL-P7AICA);

Ethyl 2-[1-(5-fluoropentyl)-1H-indazole-3-carboxamido]-3,3-dimethylbutanoate (other names: 5F-EDMB-PINACA, 5-fluoro EDMB-PINACA);

Ethyl-2-[1-(5-fluoropentyl)-1H-indazole-3-carboxamido]-3-methylbutanoate (other names: 5-fluoro-EMB-PINACA, 5F-AEB);

Ethyl 2-[1-(5-fluoropentyl)-1H-indole-3-carboxamido]-3-methylbutanoate (other name: 5-fluoro-EMB-PICA);

Ethyl-2-[1-(5-fluoropentyl)-1H-indole-3-carboxamido]-3,3-dimethylbutanoate (other name: 5-fluoro EDMB-PICA);

Methyl 2-[1-(4-fluorobutyl)-1H-indole-3-carboxamido]-3,3-dimethylbutanoate (other name: 4-fluoro-MDMB-BUTICA);

Methyl 2-(1-(cyclohexylmethyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate (other names: MDMB-CHMICA, MMB-CHMINACA);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(pent-4-enyl)indazole-3-carboxamide (other name: ADB-4en-PINACA);

Ethyl 2-[1-pentyl-1H-indazole-3-carboxamido]-3,3-dimethylbutanoate (other name: EDMB-PINACA);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-phenethyl-1H-indazole-3-carboxamide (other name: ADB-PHETINACA);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indole-3-acetamide (other names: ADB-FUBIATA, AD-18, FUB-ACADB).

§ 54.1-3448. Schedule II.

The controlled substances listed in this section are included in Schedule II:

1. Any of the following substances, except those narcotic drugs listed in other schedules, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis:

Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate, excluding apomorphine, thebaine-derived butorphanol, dextrorphan, nalbuphine, naldemedine, nalmefene, naloxone, naltrexone and their respective salts, but including the following:

Raw opium;

Opium extracts;

Opium fluid extracts;

Powdered opium;

Granulated opium;

Tincture of opium;

Codeine;

Dihydroetorphine;

Ethylmorphine;

Etorphine hydrochloride;

Hydrocodone;

Hydromorphone;

Metopon;

Oripavine (3-O-demethylthebaine or 6,7,8,14-tetradehydro-4,5-alpha-epoxy-6-methoxy-17-methylmorphinan-3-ol);

Morphine;

Noroxymorphone;
Oxycodone;
Oxymorphone;
Thebaine.

Any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in this subdivision, but not including the isoquinoline alkaloids of opium.

Opium poppy and poppy straw.

Coca leaves and any salt, compound, derivative, or preparation of coca leaves, and any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of these substances, but not including decocainized coca leaves or extractions which do not contain cocaine or ecgonine; cocaine or any salt or isomer thereof.

Concentrate of poppy straw, the crude extract of poppy straw in either liquid, solid or powder form, which contains the phenanthrene alkaloids of the opium poppy.

2. Any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, whenever the existence of these isomers, esters, ethers and salts is possible within the specific chemical designation:

Alfentanil;
Alphaprodine;
Anileridine;
Bezitramide;
Bulk dextropropoxyphene (nondosage forms);
Carfentanil;
Dihydrocodeine;
Diphenoxylate;
Fentanyl;
Isomethadone;
Levo-alphacetylmethadol (levo-alpha-acetylmethadol)(levomethadyl acetate)(LAAM);
Levomethorphan;
Levorphanol;
Metazocine;
Methadone;
Methadone — Intermediate, 4-cyano-2-dimethylamino-4, 4-diphenyl butane;
Moramide — Intermediate, 2-methyl-3-morpholino-1, 1-diphenyl-propane-carboxylicacid;
Oliceridine;
Pethidine (other name: meperidine);
Pethidine — Intermediate — A, 4-cyano-1-methyl-4-phenylpiperidine;
Pethidine — Intermediate — B, ethyl-4-phenylpiperidine-4-carboxylate;
Pethidine — Intermediate — C, 1-methyl-4-phenylpiperidine-4-carboxylic acid;
Phenazocine;
Piminodine;
Racemethorphan;
Racemorphan;
Remifentanil;
Sufentanil;
Tapentadol;
Thiafentanil.

3. Any material, compound, mixture or preparation which contains any quantity of the following substances having a potential for abuse associated with a stimulant effect on the central nervous system:

Amphetamine, its salts, optical isomers, and salts of its optical isomers;

Phenmetrazine and its salts;

Any substance which contains any quantity of methamphetamine, including its salts, isomers, and salts of isomers;

Methylphenidate;

Lisdexamfetamine, its salts, isomers, and salts of its isomers.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

Amobarbital;
Glutethimide;
Secobarbital;
Pentobarbital;
Phencyclidine.

5. The following hallucinogenic substances:

Nabilone;

Dronabinol ((-)-delta-9-trans tetrahydrocannabinol) in an oral solution in a drug product approved for marketing by the U.S. Food and Drug Administration.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances which are:

a. Immediate precursors to amphetamine and methamphetamine:

Phenylacetone.

b. Immediate precursor to phencyclidine:

1-phenylcyclohexylamine;

1-piperidinocyclohexanecarbonitrile (other name: PCC).

c. Immediate precursor to fentanyl:

4-anilino-N-phenethyl-4-piperidine (ANPP).

§ 54.1-3452. Schedule IV.

The controlled substances listed in this section are included in Schedule IV unless specifically excepted or listed in another schedule:

1. Any material, compound, mixture, or preparation which contains any quantity of the following substances having a potential for abuse associated with a depressant effect on the central nervous system:

Alfaxalone (5[alpha]-pregnan-3[alpha]-ol-11,20-dione), previously spelled "alphaxalone," including its salts, isomers, and salts of isomers;

Alprazolam;

Barbital;

Brexanolone;

Bromazepam;

Camazepam;

Carisoprodol;

Chloral betaine;

Chloral hydrate;

Chlordiazepoxide;

Clobazam;

Clonazepam;

Clorazepate;

Clotiazepam;

Cloxazolam;

Daridorexant;

Delorazepam;

Diazepam;

Dichloralphenazone;

Estazolam;

Ethchlorvynol;

Ethinamate;

Ethyl loflazepate;

Fludiazepam;

Flunitrazepam;

Flurazepam;

Fospropofol;

Halazepam;

Haloxazolam;

Ketazolam;

Lemborexant;

Loprazolam;

Lorazepam;

Lormetazepam;

Mebutamate;

Medazepam;

Methohexital;

Meprobamate;

Methylphenobarbital;

Midazolam;

Nimetazepam;

Nitrazepam;

Nordiazepam;

Oxazepam;

Oxazolam;
Paraldehyde;
Petrichloral;
Phenobarbital;
Pinazepam;
Prazepam;
Quazepam;
Remimazolam;
Suvorexant ([(7R)-4-(5-chloro-1,3-benzoxazol-2-yl)-7-methyl-1,4-diazepan-1-yl][5-methyl-2- (2H-1, 2, 3-triazol-2-yl)phenyl]methanone), including its salts, isomers, and salts of isomers;
Temazepam;
Tetrazepam;
Triazolam;
Zaleplon;
Zolpidem;
Zopiclone.

2. Any compound, mixture or preparation which contains any quantity of the following substances including any salts or isomers thereof:
~~Fenfluramine;~~
Lorcaserin.

3. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:
Cathine (+)-norpseudoephedrine;
Diethylpropion;
Fencamfamin;
Fenproprex;
Mazindol;
Mefenorex;
Modafinil;
Phentermine;
Pemoline (including organometallic complexes and chelates thereof);
Pipradrol;
Serdexmethylphenidate;
Sibutramine;
Solriamfetol (2-amino-3-phenylpropyl carbamate);
SPA (-)-1-dimethylamino-1,2-diphenylethane.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as set forth below:
Dextropropoxyphene (alpha-(+)-4-dimethylamino-1,2-diphenyl-3-methyl-2-propionoxybutane);
Not more than 1 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit;
2-[(dimethylamino) methyl]-1-(3-methoxyphenyl)cyclohexanol, its salts, optical and geometric isomers, and salts of such isomers, including tramadol.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including their salts:
Butorphanol (including its optical isomers);
Eluxadoline (including its optical isomers and its salts, isomers, and salts of isomers);
Pentazocine.

6. The Board may except by regulation any compound, mixture, or preparation containing any depressant substance listed in subdivision 1 from the application of all or any part of this chapter if the compound, mixture, or preparation contains one or more active medicinal ingredients not having a depressant effect on the central nervous system, and if the admixtures are included therein in combinations, quantity, proportion, or concentration that vitiate the potential for abuse of the substances which have a depressant effect on the central nervous system.

§ 54.1-3454. Schedule V.

The controlled substances listed in this section are included in Schedule V:

1. Any compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, which also contains one or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture, or preparation, valuable medicinal qualities other than those possessed by the narcotic drug alone:

Not more than 200 milligrams of codeine, or any of its salts, per 100 milliliters or per 100 grams;

Not more than 100 milligrams of dihydrocodeine, or any of its salts, per 100 milliliters or per 100 grams;

Not more than 100 milligrams of ethylmorphine, or any of its salts, per 100 milliliters or per 100 grams;

Not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit;

Not more than 100 milligrams of opium per 100 milliliters or per 100 grams;

Not more than 0.5 milligrams of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

The Board may except by regulation any compound, mixture, or preparation containing any depressant substance listed in subdivision 1 from the application of all or any part of this chapter and such substances so excepted may be dispensed pursuant to § 54.1-3416.

2. Unless specifically excepted or listed in another schedule, any material, compound, mixture, or preparation that contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of isomers:

Pyrovalerone.

3. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation that contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts:

Brivaracetam ((2S)-2-[(4R)-2-oxo-4-propylpyrrolidin-1-yl] butanamide) (also referred to as BRV; UCB-34714; Briviact);

Ezogabine [N-[2-amino-4-(4-fluorobenzylamino)-phenyl]-carbamic acid ethyl ester]-2779;

Gabapentin [1-(aminomethyl)cyclohexaneacetic acid];

Ganaxolone;

Lacosamide [(R)-2-acetoamido-N-benzyl-3-methoxy-propionamide];

Lasmiditan [2,4,6-trifluoro-N-(6-(1-methylpiperidine-4-carbonyl)pyridine-2-yl-benzamide];

Pregabalin [(S)-3-(aminomethyl)-5-methylhexanoic acid].

2. That the provisions of this act may result in a net increase in periods of imprisonment or commitment. Pursuant to § 30-19.1:4 of the Code of Virginia, the estimated amount of the necessary appropriation is $0 for periods of imprisonment in state adult correctional facilities and is $0 for periods of commitment to the custody of the Department of Juvenile Justice.

Agenda Item: Adoption of final regulatory action – implementation of 2022 legislation for pharmacists initiating treatment

Included in your agenda package:

- Final regulatory changes to 18VAC110-21-46; and
- Ch. 791 of the 2022 Acts of Assembly.

Staff note: Due to closure of comment period after compilation of the agenda, a handout will be provided at the meeting regarding comments received during the comment period.

Action needed:

- Motion to adopt final regulatory action to amend 18VAC110-21-46 as presented.

Project 7339 - Final

Board of Pharmacy

2022 Pharmacists initiating treatment

18VAC110-21-46. Initiation of treatment by a pharmacist.

A. Pursuant to § 54.1-3303.1 of the Code of Virginia, a pharmacist may initiate treatment with, dispense, or administer the following drugs and devices to persons 18 years of age or older with whom the pharmacist has a bona fide pharmacist-patient relationship:

1. Naloxone or other opioid antagonist, including such controlled paraphernalia as defined in § 54.1-3466 of the Code of Virginia as may be necessary to administer such naloxone or other opioid antagonist;

2. Epinephrine;

3. Injectable or self-administered hormonal contraceptives, provided the patient completes an assessment consistent with the United States Medical Eligibility Criteria for Contraceptive Use;

4. Prenatal vitamins for which a prescription is required;

5. Dietary fluoride supplements, in accordance with recommendations of the American Dental Association for prescribing of such supplements for persons whose drinking water has a fluoride content below the concentration recommended by the U.S. Department of Health and Human Services;

6. Drugs and devices as defined in § 54.1-3401 of the Code of Virginia, controlled paraphernalia as defined in § 54.1-3466 of the Code of Virginia, and other supplies and equipment available over the counter covered by the patient's health carrier when the patient's out-of-pocket cost is lower than the out-of-pocket cost to purchase an over-the-

counter equivalent of the same drug, device, controlled paraphernalia, or other supplies or equipment;

7. Vaccines included on the Immunization Schedule published by the Centers for Disease Control and Prevention ~~or that have a current emergency use authorization from the U.S. Food and Drug Administration~~ and vaccines for COVID-19;

8. Tuberculin purified protein derivative for tuberculosis testing; ~~and~~

9. Controlled substances for the prevention of human immunodeficiency virus, including controlled substances prescribed for pre-exposure and post-exposure prophylaxis pursuant to guidelines and recommendations of the Centers for Disease Control and Prevention;

10. Nicotine replacement and other tobacco-cessation therapies, including controlled substances as defined in the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia), together with appropriate patient counseling; and

11. Tests for COVID-19 and other coronaviruses.

B. Notwithstanding the provisions of § 54.1-3303 of the Code of Virginia, a pharmacist may initiate treatment with, dispense, or administer the following drugs and devices to persons three years of age or older:

1. Vaccines included on the Immunization Schedule published by the Centers for Disease Control and Prevention and vaccines for COVID-19; and

2. Tests for COVID-19 and other coronaviruses.

The provisions of this subsection will become effective upon expiration of the provisions of the federal Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19 related to the vaccination and COVID-19 testing of minors.

C. Pharmacists who initiate treatment with, dispense, or administer a drug ~~or~~, device, controlled paraphernalia, or other supplies or equipment pursuant to ~~subsection~~ subsections A and B of this section shall:

1. Follow the statewide protocol adopted by the board for each drug, device, controlled paraphernalia, or other supplies or equipment.

2. Notify the patient's primary health care provider that treatment has been initiated with such drug, device, controlled paraphernalia, or other supplies or equipment or that such drug, device, controlled paraphernalia, or other supplies or equipment have been dispensed or administered to the patient, provided that the patient consents to such notification. No pharmacist shall limit the ability of notification to be sent to the patient's primary care provider by requiring use of email that is secure or compliant with the federal Health Insurance Portability and Accountability Act (42 USC § 1320d et seq.) (HIPAA). If the patient does not have a primary health care provider, the pharmacist shall counsel the patient regarding the benefits of establishing a relationship with a primary health care provider and~~, upon request,~~ provide information regarding primary health care providers, including federally qualified health centers, free clinics, or local health departments serving the area in which the patient is located. If the pharmacist is initiating treatment with, dispensing, or administering injectable or self-administered hormonal contraceptives, the pharmacist shall counsel the patient regarding seeking preventative care, including (i) routine well-woman visits, (ii) testing for sexually transmitted infections, and (iii) pap smears. If the pharmacist is administering a vaccine pursuant to this section, the pharmacist shall report such administration to the Virginia Immunization Information System in accordance with the requirements of § 32.1-46.01 of the Code of Virginia.

3. Maintain a patient record for a minimum of six years following the last patient encounter with the following exceptions:

a. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or the patient's personal representative; or

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time.

4. Perform the activities in a manner that protects patient confidentiality and complies with ~~the Health Insurance Portability and Accountability Act, 42 USC § 1320d et seq~~ HIPAA.

5. Obtain a history from the patient, including questioning the patient for any known allergies, adverse reactions, contraindications, or health diagnoses or conditions that would be adverse to the initiation of treatment, dispensing, or administration.

6. If administering a vaccination to a minor pursuant to subdivision B 1 of this section, provide written notice to the minor's parent or guardian that the minor should visit a pediatrician annually.

D. A pharmacist may initiate treatment with, dispense, or administer drugs, devices, controlled paraphernalia, and other supplies and equipment pursuant to this section through telemedicine services, as defined in § 38.2-3418.16 of the Code of Virginia, in compliance with all requirements of § 54.1-3303 of the Code of Virginia and consistent with the applicable standard of care.

CHAPTER 791

An Act to amend and reenact §§ 32.1-325, 54.1-3303.1, and 54.1-3321 of the Code of Virginia, relating to pharmacists; initiation of treatment with and dispensing and administration of vaccines.

[H 1323]

Approved May 27, 2022

Be it enacted by the General Assembly of Virginia:

1. That §§ 32.1-325, 54.1-3303.1, and 54.1-3321 of the Code of Virginia are amended and reenacted as follows:

§ 32.1-325. Board to submit plan for medical assistance services to U.S. Secretary of Health and Human Services pursuant to federal law; administration of plan; contracts with health care providers.

A. The Board, subject to the approval of the Governor, is authorized to prepare, amend from time to time, and submit to the U.S. Secretary of Health and Human Services a state plan for medical assistance services pursuant to Title XIX of the United States Social Security Act and any amendments thereto. The Board shall include in such plan:

1. A provision for payment of medical assistance on behalf of individuals, up to the age of 21, placed in foster homes or private institutions by private, nonprofit agencies licensed as child-placing agencies by the Department of Social Services or placed through state and local subsidized adoptions to the extent permitted under federal statute;

2. A provision for determining eligibility for benefits for medically needy individuals which disregards from countable resources an amount not in excess of $3,500 for the individual and an amount not in excess of $3,500 for his spouse when such resources have been set aside to meet the burial expenses of the individual or his spouse. The amount disregarded shall be reduced by (i) the face value of life insurance on the life of an individual owned by the individual or his spouse if the cash surrender value of such policies has been excluded from countable resources and (ii) the amount of any other revocable or irrevocable trust, contract, or other arrangement specifically designated for the purpose of meeting the individual's or his spouse's burial expenses;

3. A requirement that, in determining eligibility, a home shall be disregarded. For those medically needy persons whose eligibility for medical assistance is required by federal law to be dependent on the budget methodology for Aid to Families with Dependent Children, a home means the house and lot used as the principal residence and all contiguous property. For all other persons, a home shall mean the house and lot used as the principal residence, as well as all contiguous property, as long as the value of the land, exclusive of the lot occupied by the house, does not exceed $5,000. In any case in which the definition of home as provided here is more restrictive than that provided in the state plan for medical assistance services in Virginia as it was in effect on January 1, 1972, then a home means the house and lot used as the principal residence and all contiguous property essential to the operation of the home regardless of value;

4. A provision for payment of medical assistance on behalf of individuals up to the age of 21, who are Medicaid eligible, for medically necessary stays in acute care facilities in excess of 21 days per admission;

5. A provision for deducting from an institutionalized recipient's income an amount for the maintenance of the individual's spouse at home;

6. A provision for payment of medical assistance on behalf of pregnant women which provides for payment for inpatient postpartum treatment in accordance with the medical criteria outlined in the most current version of or an official update to the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists or the "Standards for Obstetric-Gynecologic Services" prepared by the American College of Obstetricians and Gynecologists. Payment shall be made for any postpartum home visit or visits for the mothers and the children which are within the time periods recommended by the attending physicians in accordance with and as indicated by such Guidelines or Standards. For the purposes of this subdivision, such Guidelines or Standards shall include any changes thereto within six months of the publication of such Guidelines or Standards or any official amendment thereto;

7. A provision for the payment for family planning services on behalf of women who were Medicaid-eligible for prenatal care and delivery as provided in this section at the time of delivery. Such family planning services shall begin with delivery and continue for a period of 24 months, if the woman continues to meet the financial eligibility requirements for a pregnant woman under Medicaid. For the purposes of this section, family planning services shall not cover payment for abortion services and no funds shall be used to perform, assist, encourage or make direct referrals for abortions;

8. A provision for payment of medical assistance for high-dose chemotherapy and bone marrow transplants on behalf of individuals over the age of 21 who have been diagnosed with lymphoma, breast cancer, myeloma, or leukemia and have been determined by the treating health care provider to have a performance status sufficient to proceed with such high-dose chemotherapy and bone marrow transplant. Appeals of these cases shall be handled in accordance with the Department's expedited appeals process;

9. A provision identifying entities approved by the Board to receive applications and to determine eligibility for medical assistance, which shall include a requirement that such entities (i) obtain accurate contact information, including the best available address and telephone number, from each applicant for medical assistance, to the extent required by federal law and regulations, and (ii) provide each applicant for medical assistance with information about advance directives pursuant to Article 8 (§ 54.1-2981 et seq.) of Chapter 29 of Title 54.1, including information about the purpose and benefits of advance directives and how the applicant may make an advance directive;

10. A provision for breast reconstructive surgery following the medically necessary removal of a breast for any medical reason. Breast reductions shall be covered, if prior authorization has been obtained, for all medically necessary indications. Such procedures shall be considered noncosmetic;

11. A provision for payment of medical assistance for annual pap smears;

12. A provision for payment of medical assistance services for prostheses following the medically necessary complete or partial removal of a breast for any medical reason;

13. A provision for payment of medical assistance which provides for payment for 48 hours of inpatient treatment for a patient following a radical or modified radical mastectomy and 24 hours of inpatient care following a total mastectomy or a partial mastectomy with lymph node dissection for treatment of disease or trauma of the breast. Nothing in this subdivision shall be construed as requiring the provision of inpatient coverage where the attending physician in consultation with the patient determines that a shorter period of hospital stay is appropriate;

14. A requirement that certificates of medical necessity for durable medical equipment and any supporting verifiable documentation shall be signed, dated, and returned by the physician, physician assistant, or nurse practitioner and in the durable medical equipment provider's possession within 60 days from the time the ordered durable medical equipment and supplies are first furnished by the durable medical equipment provider;

15. A provision for payment of medical assistance to (i) persons age 50 and over and (ii) persons age 40 and over who are at high risk for prostate cancer, according to the most recent published guidelines of the American Cancer Society, for one PSA test in a 12-month period and digital rectal examinations, all in accordance with American Cancer Society guidelines. For the purpose of this subdivision, "PSA testing" means the analysis of a blood sample to determine the level of prostate specific antigen;

16. A provision for payment of medical assistance for low-dose screening mammograms for determining the presence of occult breast cancer. Such coverage shall make available one screening mammogram to persons age 35 through 39, one such mammogram biennially to persons age 40 through 49, and one such mammogram annually to persons age 50 and over. The term "mammogram" means an X-ray examination of the breast using equipment dedicated specifically for mammography, including but not limited to the X-ray tube, filter, compression device, screens, film and cassettes, with an average radiation exposure of less than one rad mid-breast, two views of each breast;

17. A provision, when in compliance with federal law and regulation and approved by the Centers for Medicare & Medicaid Services (CMS), for payment of medical assistance services delivered to Medicaid-eligible students when such services qualify for reimbursement by the Virginia Medicaid program and may be provided by school divisions, regardless of whether the student receiving care has an individualized education program or whether the health care service is included in a student's individualized education program. Such services shall include those covered under the state plan for medical assistance services or by the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit as specified in § 1905(r) of the federal Social Security Act, and shall include a provision for payment of medical assistance for health care services provided through telemedicine services, as defined in § 38.2-3418.16. No health care provider who provides health care services through telemedicine shall be required to use proprietary technology or applications in order to be reimbursed for providing telemedicine services;

18. A provision for payment of medical assistance services for liver, heart and lung transplantation procedures for individuals over the age of 21 years when (i) there is no effective alternative medical or surgical therapy available with outcomes that are at least comparable; (ii) the transplant procedure and application of the procedure in treatment of the specific condition have been clearly demonstrated to be medically effective and not experimental or investigational; (iii) prior authorization by the Department of Medical Assistance Services has been obtained; (iv) the patient selection criteria of the specific transplant center where the surgery is proposed to be performed have been used by the transplant team or program to determine the appropriateness of the patient for the procedure; (v) current medical therapy has failed and the patient has failed to respond to appropriate therapeutic management; (vi) the patient is not in an irreversible terminal state; and (vii) the transplant is likely to prolong the patient's life and

restore a range of physical and social functioning in the activities of daily living;

19. A provision for payment of medical assistance for colorectal cancer screening, specifically screening with an annual fecal occult blood test, flexible sigmoidoscopy or colonoscopy, or in appropriate circumstances radiologic imaging, in accordance with the most recently published recommendations established by the American College of Gastroenterology, in consultation with the American Cancer Society, for the ages, family histories, and frequencies referenced in such recommendations;

20. A provision for payment of medical assistance for custom ocular prostheses;

21. A provision for payment for medical assistance for infant hearing screenings and all necessary audiological examinations provided pursuant to § 32.1-64.1 using any technology approved by the United States Food and Drug Administration, and as recommended by the national Joint Committee on Infant Hearing in its most current position statement addressing early hearing detection and intervention programs. Such provision shall include payment for medical assistance for follow-up audiological examinations as recommended by a physician, physician assistant, nurse practitioner, or audiologist and performed by a licensed audiologist to confirm the existence or absence of hearing loss;

22. A provision for payment of medical assistance, pursuant to the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (P.L. 106-354), for certain women with breast or cervical cancer when such women (i) have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention (CDC) Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service Act; (ii) need treatment for breast or cervical cancer, including treatment for a precancerous condition of the breast or cervix; (iii) are not otherwise covered under creditable coverage, as defined in § 2701 (c) of the Public Health Service Act; (iv) are not otherwise eligible for medical assistance services under any mandatory categorically needy eligibility group; and (v) have not attained age 65. This provision shall include an expedited eligibility determination for such women;

23. A provision for the coordinated administration, including outreach, enrollment, re-enrollment and services delivery, of medical assistance services provided to medically indigent children pursuant to this chapter, which shall be called Family Access to Medical Insurance Security (FAMIS) Plus and the FAMIS Plan program in § 32.1-351. A single application form shall be used to determine eligibility for both programs;

24. A provision, when authorized by and in compliance with federal law, to establish a public-private long-term care partnership program between the Commonwealth of Virginia and private insurance companies that shall be established through the filing of an amendment to the state plan for medical assistance services by the Department of Medical Assistance Services. The purpose of the program shall be to reduce Medicaid costs for long-term care by delaying or eliminating dependence on Medicaid for such services through encouraging the purchase of private long-term care insurance policies that have been designated as qualified state long-term care insurance partnerships and may be used as the first source of benefits for the participant's long-term care. Components of the program, including the treatment of assets for Medicaid eligibility and estate recovery, shall be structured in accordance with federal law and applicable federal guidelines;

25. A provision for the payment of medical assistance for otherwise eligible pregnant women during the first five years of lawful residence in the United States, pursuant to § 214 of the Children's Health Insurance Program Reauthorization Act of 2009 (P.L. 111-3);

26. A provision for the payment of medical assistance for medically necessary health care services provided through telemedicine services, as defined in § 38.2-3418.16, regardless of the originating site or whether the patient is accompanied by a health care provider at the time such services are provided. No health care provider who provides health care services through telemedicine services shall be required to use proprietary technology or applications in order to be reimbursed for providing telemedicine services.

For the purposes of this subdivision, "originating site" means any location where the patient is located, including any medical care facility or office of a health care provider, the home of the patient, the patient's place of employment, or any public or private primary or secondary school or postsecondary institution of higher education at which the person to whom telemedicine services are provided is located;

27. A provision for the payment of medical assistance for the dispensing or furnishing of up to a 12-month supply of hormonal contraceptives at one time. Absent clinical contraindications, the Department shall not impose any utilization controls or other forms of medical management limiting the supply of hormonal contraceptives that may be dispensed or furnished to an amount less than a 12-month supply. Nothing in this subdivision shall be construed to (i) require a provider to prescribe, dispense, or furnish a 12-month supply of self-administered hormonal contraceptives at one time or (ii) exclude coverage for hormonal contraceptives as prescribed by a prescriber, acting within his scope of practice, for reasons other than contraceptive purposes. As used in this subdivision, "hormonal contraceptive" means a medication taken to prevent pregnancy by means of ingestion of hormones, including medications containing estrogen or progesterone, that is self-administered, requires a prescription, and is approved by the U.S. Food and Drug Administration for such purpose; and

28. A provision for payment of medical assistance for remote patient monitoring services provided via telemedicine, as defined in § 38.2-3418.16, for (i) high-risk pregnant persons; (ii) medically complex infants and children; (iii) transplant patients; (iv) patients who have undergone surgery, for up to three months following the date of such surgery; and (v) patients with a chronic health condition who have had two or more hospitalizations or emergency department visits related to such chronic health condition in the previous 12 months. For the purposes of this subdivision, "remote patient monitoring services" means the use of digital technologies to collect medical and other forms of health data from patients in one location and electronically transmit that information securely to health care providers in a different location for analysis, interpretation, and recommendations, and management of the patient. "Remote patient monitoring services" includes monitoring of clinical patient data such as weight, blood pressure, pulse, pulse oximetry, blood glucose, and other patient physiological data, treatment adherence monitoring, and interactive videoconferencing with or without digital image upload.

B. In preparing the plan, the Board shall:

1. Work cooperatively with the State Board of Health to ensure that quality patient care is provided and that the health, safety, security, rights and welfare of patients are ensured.

2. Initiate such cost containment or other measures as are set forth in the appropriation act.

3. Make, adopt, promulgate and enforce such regulations as may be necessary to carry out the provisions of this chapter.

4. Examine, before acting on a regulation to be published in the Virginia Register of Regulations pursuant to § 2.2-4007.05, the potential fiscal impact of such regulation on local boards of social services. For regulations with potential fiscal impact, the Board shall share copies of the fiscal impact analysis with local boards of social services prior to submission to the Registrar. The fiscal impact analysis shall include the projected costs/savings to the local boards of social services to implement or comply with such regulation and, where applicable, sources of potential funds to implement or comply with such regulation.

5. Incorporate sanctions and remedies for certified nursing facilities established by state law, in accordance with 42 C.F.R. § 488.400 et seq. "Enforcement of Compliance for Long-Term Care Facilities With Deficiencies."

6. On and after July 1, 2002, require that a prescription benefit card, health insurance benefit card, or other technology that complies with the requirements set forth in § 38.2-3407.4:2 be issued to each recipient of medical assistance services, and shall upon any changes in the required data elements set forth in subsection A of § 38.2-3407.4:2, either reissue the card or provide recipients such corrective information as may be required to electronically process a prescription claim.

C. In order to enable the Commonwealth to continue to receive federal grants or reimbursement for medical assistance or related services, the Board, subject to the approval of the Governor, may adopt, regardless of any other provision of this chapter, such amendments to the state plan for medical assistance services as may be necessary to conform such plan with amendments to the United States Social Security Act or other relevant federal law and their implementing regulations or constructions of these laws and regulations by courts of competent jurisdiction or the United States Secretary of Health and Human Services.

In the event conforming amendments to the state plan for medical assistance services are adopted, the Board shall not be required to comply with the requirements of Article 2 (§ 2.2-4006 et seq.) of Chapter 40 of Title 2.2. However, the Board shall, pursuant to the requirements of § 2.2-4002, (i) notify the Registrar of Regulations that such amendment is necessary to meet the requirements of federal law or regulations or because of the order of any state or federal court, or (ii) certify to the Governor that the regulations are necessitated by an emergency situation. Any such amendments that are in conflict with the Code of Virginia shall only remain in effect until July 1 following adjournment of the next regular session of the General Assembly unless enacted into law.

D. The Director of Medical Assistance Services is authorized to:

1. Administer such state plan and receive and expend federal funds therefor in accordance with applicable federal and state laws and regulations; and enter into all contracts necessary or incidental to the performance of the Department's duties and the execution of its powers as provided by law.

2. Enter into agreements and contracts with medical care facilities, physicians, dentists and other health care providers where necessary to carry out the provisions of such state plan. Any such agreement or contract shall terminate upon conviction of the provider of a felony. In the event such conviction is reversed upon appeal, the provider may apply to the Director of Medical Assistance Services for a new agreement or contract. Such provider may also apply to the Director for reconsideration of the agreement or contract termination if the conviction is not appealed, or if it is not reversed upon appeal.

3. Refuse to enter into or renew an agreement or contract, or elect to terminate an existing agreement or contract, with any provider who has been convicted of or otherwise pled guilty to a felony, or pursuant to Subparts A, B, and C of 42 C.F.R. Part 1002, and upon notice of such action to the provider as required by 42 C.F.R. § 1002.212.

4. Refuse to enter into or renew an agreement or contract, or elect to terminate an existing agreement or contract, with a provider who is or has been a principal in a professional or other corporation when

such corporation has been convicted of or otherwise pled guilty to any violation of § 32.1-314, 32.1-315, 32.1-316, or 32.1-317, or any other felony or has been excluded from participation in any federal program pursuant to 42 C.F.R. Part 1002.

5. Terminate or suspend a provider agreement with a home care organization pursuant to subsection E of § 32.1-162.13.

For the purposes of this subsection, "provider" may refer to an individual or an entity.

E. In any case in which a Medicaid agreement or contract is terminated or denied to a provider pursuant to subsection D, the provider shall be entitled to appeal the decision pursuant to 42 C.F.R. § 1002.213 and to a post-determination or post-denial hearing in accordance with the Administrative Process Act (§ 2.2-4000 et seq.). All such requests shall be in writing and be received within 15 days of the date of receipt of the notice.

The Director may consider aggravating and mitigating factors including the nature and extent of any adverse impact the agreement or contract denial or termination may have on the medical care provided to Virginia Medicaid recipients. In cases in which an agreement or contract is terminated pursuant to subsection D, the Director may determine the period of exclusion and may consider aggravating and mitigating factors to lengthen or shorten the period of exclusion, and may reinstate the provider pursuant to 42 C.F.R. § 1002.215.

F. When the services provided for by such plan are services which a marriage and family therapist, clinical psychologist, clinical social worker, professional counselor, or clinical nurse specialist is licensed to render in Virginia, the Director shall contract with any duly licensed marriage and family therapist, duly licensed clinical psychologist, licensed clinical social worker, licensed professional counselor or licensed clinical nurse specialist who makes application to be a provider of such services, and thereafter shall pay for covered services as provided in the state plan. The Board shall promulgate regulations which reimburse licensed marriage and family therapists, licensed clinical psychologists, licensed clinical social workers, licensed professional counselors and licensed clinical nurse specialists at rates based upon reasonable criteria, including the professional credentials required for licensure.

G. The Board shall prepare and submit to the Secretary of the United States Department of Health and Human Services such amendments to the state plan for medical assistance services as may be permitted by federal law to establish a program of family assistance whereby children over the age of 18 years shall make reasonable contributions, as determined by regulations of the Board, toward the cost of providing medical assistance under the plan to their parents.

H. The Department of Medical Assistance Services shall:

1. Include in its provider networks and all of its health maintenance organization contracts a provision for the payment of medical assistance on behalf of individuals up to the age of 21 who have special needs and who are Medicaid eligible, including individuals who have been victims of child abuse and neglect, for medically necessary assessment and treatment services, when such services are delivered by a provider which specializes solely in the diagnosis and treatment of child abuse and neglect, or a provider with comparable expertise, as determined by the Director.

2. Amend the Medallion II waiver and its implementing regulations to develop and implement an exception, with procedural requirements, to mandatory enrollment for certain children between birth and age three certified by the Department of Behavioral Health and Developmental Services as eligible for services pursuant to Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1471 et seq.).

3. Utilize, to the extent practicable, electronic funds transfer technology for reimbursement to contractors and enrolled providers for the provision of health care services under Medicaid and the Family Access to Medical Insurance Security Plan established under § 32.1-351.

4. Require any managed care organization with which the Department enters into an agreement for the provision of medical assistance services to include in any contract between the managed care organization and a pharmacy benefits manager provisions prohibiting the pharmacy benefits manager or a representative of the pharmacy benefits manager from conducting spread pricing with regards to the managed care organization's managed care plans. For the purposes of this subdivision:

"Pharmacy benefits management" means the administration or management of prescription drug benefits provided by a managed care organization for the benefit of covered individuals.

"Pharmacy benefits manager" means a person that performs pharmacy benefits management.

"Spread pricing" means the model of prescription drug pricing in which the pharmacy benefits manager charges a managed care plan a contracted price for prescription drugs, and the contracted price for the prescription drugs differs from the amount the pharmacy benefits manager directly or indirectly pays the pharmacist or pharmacy for pharmacist services.

I. The Director is authorized to negotiate and enter into agreements for services rendered to eligible recipients with special needs. The Board shall promulgate regulations regarding these special needs patients, to include persons with AIDS, ventilator-dependent patients, and other recipients with special needs as defined by the Board.

J. Except as provided in subdivision A 1 of § 2.2-4345, the provisions of the Virginia Public Procurement Act (§ 2.2-4300 et seq.) shall not apply to the activities of the Director authorized by subsection I of this section. Agreements made pursuant to this subsection shall comply with federal law

and regulation.

K. When the services provided for by such plan are services related to initiation of treatment with or dispensing or administration of a vaccination by a pharmacist, pharmacy technician, or pharmacy intern in accordance with § 54.1-3303.1, the Department shall provide reimbursement for such service.

§ 54.1-3303.1. Initiating of treatment with and dispensing and administering of controlled substances by pharmacists.

A. Notwithstanding the provisions of § 54.1-3303, a pharmacist may initiate treatment with, dispense, or administer the following drugs, devices, controlled paraphernalia, and other supplies and equipment to persons 18 years of age or older *with whom the pharmacist has a bona fide pharmacist-patient relationship and* in accordance with a statewide protocol developed by the Board in collaboration with the Board of Medicine and the Department of Health and set forth in regulations of the Board:

1. Naloxone or other opioid antagonist, including such controlled paraphernalia, as defined in § 54.1-3466, as may be necessary to administer such naloxone or other opioid antagonist;

2. Epinephrine;

3. Injectable or self-administered hormonal contraceptives, provided the patient completes an assessment consistent with the United States Medical Eligibility Criteria for Contraceptive Use;

4. Prenatal vitamins for which a prescription is required;

5. Dietary fluoride supplements, in accordance with recommendations of the American Dental Association for prescribing of such supplements for persons whose drinking water has a fluoride content below the concentration recommended by the U.S. Department of Health and Human Services;

6. Drugs as defined in § 54.1-3401, devices as defined in § 54.1-3401, controlled paraphernalia as defined in § 54.1-3466, and other supplies and equipment available over-the-counter, covered by the patient's health carrier when the patient's out-of-pocket cost is lower than the out-of-pocket cost to purchase an over-the-counter equivalent of the same drug, device, controlled paraphernalia, or other supplies or equipment;

7. Vaccines included on the Immunization Schedule published by the Centers for Disease Control and Prevention ~~or that have a current emergency use authorization from the U.S. Food and Drug Administration~~ *and vaccines for COVID-19*;

8. Tuberculin purified protein derivative for tuberculosis testing; ~~and~~

9. Controlled substances for the prevention of human immunodeficiency virus, including controlled substances prescribed for pre-exposure and post-exposure prophylaxis pursuant to guidelines and recommendations of the Centers for Disease Control and Prevention*;*

10. Nicotine replacement and other tobacco cessation therapies, including controlled substances as defined in the Drug Control Act (§ 54.1-3400 et seq.), together with providing appropriate patient counseling; and

11. Tests for COVID-19 and other coronaviruses.

B. *Notwithstanding the provisions of § 54.1-3303, a pharmacist may initiate treatment with, dispense, or administer the following drugs and devices to persons three years of age or older in accordance with a statewide protocol as set forth in regulations of the Board:*

1. Vaccines included on the Immunization Schedule published by the Centers for Disease Control and Prevention and vaccines for COVID-19; and

2. Tests for COVID-19 and other coronaviruses.

C. A pharmacist who initiates treatment with or dispenses or administers a drug or device pursuant to this section shall notify the patient's primary health care provider that the pharmacist has initiated treatment with such drug or device or that such drug or device has been dispensed or administered to the patient, provided that the patient consents to such notification. *No pharmacist shall limit the ability of notification to be sent to the patient's primary care provider by requiring use of electronic mail that is secure or compliant with the federal Health Insurance Portability and Accountability Act (42 U.S.C. § 1320d et seq.).* If the patient does not have a primary health care provider, the pharmacist shall counsel the patient regarding the benefits of establishing a relationship with a primary health care provider and~~, upon request,~~ provide information regarding primary health care providers, including federally qualified health centers, free clinics, or local health departments serving the area in which the patient is located. If the pharmacist is initiating treatment with, dispensing, or administering injectable or self-administered hormonal contraceptives, the pharmacist shall counsel the patient regarding seeking preventative care, including (i) routine well-woman visits, (ii) testing for sexually transmitted infections, and (iii) pap smears.

~~C.~~ *D.* A pharmacist who administers a vaccination pursuant to ~~subdivision~~ *subdivisions* A 7 *and B 1* shall report such administration to the Virginia Immunization Information System in accordance with the requirements of § 32.1-46.01.

E. A pharmacist who initiates treatment with, dispenses, or administers drugs, devices, controlled paraphernalia, and other supplies and equipment pursuant to this section shall obtain a history from the patient, including questioning the patient for any known allergies, adverse reactions, contraindications, or health diagnoses or conditions that would be adverse to the initiation of treatment, dispensing, or administration.

F. A pharmacist may initiate treatment with, dispense, or administer drugs, devices, controlled paraphernalia, and other supplies and equipment pursuant to this section through telemedicine services, as defined in § 38.2-3418.16, in compliance with all requirements of § 54.1-3303 and consistent with the applicable standard of care.

G. A pharmacist who administers a vaccination to a minor pursuant to subdivision B 1 shall provide written notice to the minor's parent or guardian that the minor should visit a pediatrician annually.

§ 54.1-3321. Registration of pharmacy technicians.

A. No person shall perform the duties of a pharmacy technician without first being registered as a pharmacy technician with the Board. Upon being registered with the Board as a pharmacy technician, the following tasks may be performed:

1. The entry of prescription information and drug history into a data system or other record keeping system;

2. The preparation of prescription labels or patient information;

3. The removal of the drug to be dispensed from inventory;

4. The counting, measuring, or compounding of the drug to be dispensed;

5. The packaging and labeling of the drug to be dispensed and the repackaging thereof;

6. The stocking or loading of automated dispensing devices or other devices used in the dispensing process;

7. The acceptance of refill authorization from a prescriber or his authorized agency, so long as there is no change to the original prescription; ~~and~~

8. *Under the supervision of a pharmacist, meaning the supervising pharmacist is at the same physical location of the technician or pharmacy intern, and consistent with the requirements of § 54.1-3303.1, administration of the following drugs and devices to persons three years of age or older as set forth in regulations of the Board: vaccines included on the Immunization Schedule published by the Centers for Disease Control and Prevention and vaccines for COVID-19; and*

9. The performance of any other task restricted to pharmacy technicians by the Board's regulations.

B. To be registered as a pharmacy technician, a person shall submit:

1. An application and fee specified in regulations of the Board;

2. (Effective July 1, 2022) Evidence that he has successfully completed a training program that is (i) an accredited training program, including an accredited training program operated through the Department of Education's Career and Technical Education program or approved by the Board, or (ii) operated through a federal agency or branch of the military; and

3. Evidence that he has successfully passed a national certification examination administered by the Pharmacy Technician Certification Board or the National Healthcareer Association.

C. The Board shall promulgate regulations establishing requirements for:

1. Issuance of a registration as a pharmacy technician to a person who, prior to the effective date of such regulations, (i) successfully completed or was enrolled in a Board-approved pharmacy technician training program or (ii) passed a national certification examination required by the Board but did not complete a Board-approved pharmacy technician training program;

2. Issuance of a registration as a pharmacy technician to a person who (i) has previously practiced as a pharmacy technician in another U.S. jurisdiction and (ii) has passed a national certification examination required by the Board; and

3. Evidence of continued competency as a condition of renewal of a registration as a pharmacy technician.

D. The Board shall waive the initial registration fee for a pharmacy technician applicant who works as a pharmacy technician exclusively in a free clinic pharmacy. A person registered pursuant to this subsection shall be issued a limited-use registration. A pharmacy technician with a limited-use registration shall not perform pharmacy technician tasks in any setting other than a free clinic pharmacy. The Board shall also waive renewal fees for such limited-use registrations. A pharmacy technician with a limited-use registration may convert to an unlimited registration by paying the current renewal fee.

E. Any person registered as a pharmacy technician prior to the effective date of regulations implementing the provisions of this section shall not be required to comply with the requirements of subsection B in order to maintain or renew registration as a pharmacy technician.

F. A pharmacy technician trainee enrolled in a training program for pharmacy technicians described in subdivision B 2 may engage in the acts set forth in subsection A for the purpose of obtaining practical experience required for completion of the training program, so long as such activities are directly monitored by a supervising pharmacist.

G. To be registered as a pharmacy technician trainee, a person shall submit an application and a fee specified in regulations of the Board. Such registration shall only be valid while the person is enrolled in a pharmacy technician training program described in subsection B and actively progressing toward completion of such program. A registration card issued pursuant to this section shall be invalid and shall be returned to the Board if such person fails to enroll in a pharmacy technician training program described in subsection B.

H. A pharmacy intern may perform the duties set forth for pharmacy technicians in subsection A

when registered with the Board for the purpose of gaining the practical experience required to apply for licensure as a pharmacist.

2. That the Board of Medicine, in collaboration with the Board of Pharmacy and the Department of Health, shall establish a statewide protocol for the initiation of treatment with and dispensing and administering of drugs and devices by pharmacists in accordance with § 54.1-3303.1 of the Code of Virginia, as amended by this act, by November 1, 2022, and the Board of Pharmacy shall promulgate regulations to implement the provisions of the first enactment of this act to be effective within 280 days of its enactment. Such regulations shall include provisions for ensuring that physical settings in which treatment is provided pursuant to this act shall be in compliance with the federal Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d et seq., as amended.

3. That the provisions of subdivisions B 1 and 2 of § 54.1-3303.1 of the Code of Virginia, as amended by this act, shall become effective upon the expiration of the provisions of the federal Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19 related to the vaccination and COVID-19 testing of minors.

Agenda Item: Adoption of exempt regulatory action – addition of chemicals to Schedule I

Included in your agenda package:

- Recommendation from the Department of Forensic Science to place certain chemicals in Schedule I; and

- Amendments to 18VAC110-20-322.

Action needed:

- Motion to adopt exempt changes to 18VAC20-322 to add chemicals to Schedule I.

COMMONWEALTH of VIRGINIA

DEPARTMENT OF FORENSIC SCIENCE

OFFICE OF THE DIRECTOR
A Nationally Accredited Laboratory

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To: Caroline Juran, Executive Director, Board of Pharmacy
From: Robyn Weimer, Chemistry Program Manager, Virginia Department of Forensic Science
Date: April 15, 2024
RE: **Recommendation for Expedited Scheduling of Controlled Substances**

Ms. Juran,

Pursuant to article § 54.1-3443(D), The Virginia Department of Forensic Science (DFS) has identified four (4) compounds for recommended inclusion into the Code of Virginia.

Based on their chemical structures, the following compounds are expected to have hallucinogenic properties. Compounds of this type have been placed in Schedule I (§ 54.1-3446(3)) in previous legislative sessions.

1. **1-[(4-fluorophenyl)methyl]-4-methylpiperazine (other names: 4-fluoro-MBZP, 4-fluoro methylbenzylpiperazine)**, its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

2. **4-fluoro-alpha-pyrrolidinoisohexiophenone (other name: 4-fluoro-alpha-PiHP),** its salts, isomers (optical, position, and geometric), and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

3. **8-bromo-1-methyl-6-pyridin-2-yl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine (other name: pyrazolam),** its salts, isomers (optical, position, and geometric), and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

The following compound is classified as a cannabimimetic agent. Compounds of this type have been placed in Schedule I (§ 54.1-3446(6)) in previous legislative sessions.

4. **Methyl-2-(1-butyl-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (other name: MDMB-BUTINACA)**, its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

Robyn Weimer
Chemistry Program Manager

Project 7871 - Exempt Final

Board of Pharmacy

June 2024 scheduling of chemicals in Schedule I

18VAC110-20-322. Placement of chemicals in Schedule I.

A. Pursuant to subsection D of § 54.1-3443 of the Code of Virginia, the Board of Pharmacy places the following in Schedule I of the Drug Control Act:

1. Synthetic opioid. N,N-diethyl-2-[5-nitro-2-(4-propoxybenzyl)-1H-benzimidazol-1-yl]ethanamine (other name: Protonitazene), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation.

2. Compounds expected to have hallucinogenic properties. 1-(1,3-benzodioxol-5-yl)-2-(cyclohexylamino)butan-1-one (other names: Cybutylone, N-cyclohexyl Butylone), its salts, isomers (optical, position, and geometric), and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

3. Compounds expected to have depressant properties. 8-bromo-6-(2-chlorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine (other names: Clobromazolam, Phenazolam), its salts, isomers (optical, position, and geometric), and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

4. Cannabimimetic agents.

a. 5-bromo-N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1H-indazole-3-carboxamide (other name: ADB-5Br-INACA), its salts, isomers, and salts of isomers whenever the

existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

b. N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-5-bromo-1-butylindazole-3-carboxamide (other name: ADB-5'Br-BUTINACA), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

The placement of drugs listed in this subsection shall remain in effect until July 31, 2024, unless enacted into law in the Drug Control Act.

B. Pursuant to subsection D of § 54.1-3443 of the Code of Virginia, the Board of Pharmacy places the following in Schedule I of the Drug Control Act:

1. Synthetic opioid. 2-methyl-N-phenyl-N-[1-(2-phenylethyl)piperidin-4-yl]butanamide (other name: 2-methyl butyryl fentanyl), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation.

2. Compounds expected to have hallucinogenic properties.

a. 1-(7-methoxy-1,3-benzodioxol-5-yl)propan-2-amine (other names: 5-methoxy-3,4-methylenedioxyamphetamine, 3-methoxy MDA, MMDA), its salts, isomers (optical, position, and geometric), and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

b. 1-[1-(3-chlorophenyl)cyclohexyl]-piperidine (other names: 3-Chloro Phencyclidine, 3Cl-PCP, 3-chloro PCP), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

3. Compound expected to have depressant properties. 7-bromo-5-phenyl-1,3-dihydro-1,4-benzodiazepin-2-one (other names: Desalkylgidazepam, Bromonordiazepam), its salts, isomers (optical, position, and geometric), and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

4. Compound classified as a cannabimimetic agent. Methyl N-[(5-bromo-1H-indazol-3-yl)carbonyl]-3-methyl-valinate (other name: MDMB-5Br-INACA), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

The placement of drugs listed in this subsection shall remain in effect until October 12, 2024, unless enacted into law in the Drug Control Act.

C. Pursuant to subsection D of § 54.1-3443 of the Code of Virginia, the Board of Pharmacy places the following in Schedule I of the Drug Control Act:

1. Synthetic opioids.

a. 2-(4-isopropoxybenzyl)-5-nitro-1-[2-(pyrrolidin-1-yl)ethyl]-1H-benzo[d]imidazole (other name: N-Pyrrolidino Isotonitazene), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation.

b. 5-nitro-2-(4-propoxybenzyl)-1-[2-(pyrrolidin-1-yl)ethyl]-1H-benzo[d]imidazole (other names: N-Pyrrolidino Protonitazene, Protonitazepyne), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation.

c. N-phenyl-N-(1-propionyl-4-piperidinyl)-propanamide (other name: N-propionyl Norfentanyl), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation.

2. Synthetic compounds.

a. N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)pentanamide (other names: para-fluoro valeryl fentanyl, para-fluoro pentanoyl fentanyl), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation.

b. N-(4-fluorophenyl)-N-[1-(2-phenylethyl)piperidin-4-yl]acetamide (other name: para-fluoroacetyl fentanyl), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation.

3. Compounds expected to have hallucinogenic properties.

a. 1-[1-(3-fluorophenyl)cyclohexyl]piperidine (other names: 3-fluoro Phencyclidine, 3F-PCP), its salts, isomers (optical, position, and geometric), and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

b. 2-(ethylamino)-2-(2-fluorophenyl)-cyclohexanone (other names: 2-fluoro-2-oxo PCE, 2-fluoro NENDCK), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

4. Compounds expected to have depressive properties:

a. 6-(4-chlorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine (other names: 4'-chloro Deschloroalprazolam, 4'Cl-Deschloroalprazolam), its salts, isomers (optical, position, and geometric), and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

b. 7-chloro-5-(2-chlorophenyl)-1-methyl-3H-1,4-benzodiazepin-2-one (other names: Diclazepam, 2-Chlorodiazepam), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

5. Central nervous system stimulant. 2-(3-chlorophenyl)-3-methylmorpholine (other name: 3-chlorophenmetrazine), its salts, isomers (optical, position, and geometric), and salts of isomers.

The placement of drugs listed in this subsection shall remain in effect until March 27, 2025, unless enacted into law in the Drug Control Act.

D. Pursuant to subsection D of § 54.1-3443 of the Code of Virginia, the Board of Pharmacy places the following in Schedule I of the Drug Control Act:

1. Synthetic opioid.

a. N-ethyl-2-[5-nitro-2-[(4-propan-2-yloxyphenyl)methyl]benzimidazol-1-yl]ethanamine (other name: N-desethyl Isotonitazene), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers and salts is possible within the specific chemical designation.

b. 7-[(3-chloro-6-methyl-5,5-dioxo-11H-benzo[c][2,1]benzothiazepin-11-yl)amino]heptanoic acid (other name: Tianeptine), its isomers, esters, ethers, salts,

and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation.

2. Cannabimimetic agent. Ethyl-3,3-dimethyl-2-[(1-(pent-4-enylindazole-3-carbonyl)amino]butanoate (other name: EDMB-4en-PINACA), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

The placement of drugs listed in this subsection shall remain in effect until July 31, 2025, unless enacted into law in the Drug Control Act.

E. Pursuant to subsection D of § 54.1-3443 of the Code of Virginia, the Board of Pharmacy places the following compounds expected to have hallucinogenic properties in Schedule I of the Drug Control Act:

1. 1-(3,5-Dimethoxy-4-propoxyphenyl)-2-propanamine (other names: 4-propoxy-3,5-DMA, 3C-P, 1-(3,5-Dimethoxy-4-propoxyphenyl)propan-2-amine), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

2. 2-(5-methoxy-1H-indol-3-yl)ethanamine (other names: 5-methoxytryptamine, 5-MeOT), its salts, isomers (optical, position, and geometric), and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

The placement of drugs listed in this subsection shall remain in effect until August 28, 2025, unless enacted into law in the Drug Control Act.

F. Pursuant to subsection D of § 54.1-3443 of the Code of Virginia, the Board of Pharmacy places the following in Schedule I of the Drug Control Act:

1. The following compounds expected to have hallucinogenic properties:

a. 1-[(4-fluorophenyl)methyl]-4-methylpiperazine (other names: 4-fluoro-MBZP, 4-fluoro methylbenzylpiperazine), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

b. 4-fluoro-alpha-pyrrolidinoisohexiophenone (other name: 4-fluoro-alpha-PiHP), its salts, isomers (optical, position, and geometric), and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

c. 8-bromo-1-methyl-6-pyridin-2-yl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine (other name: pyrazolam), its salts, isomers (optical, position, and geometric), and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

2. The following cannabimimetic agent: Methyl-2-(1-butyl-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (other name: MDMB-BUTINACA), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

The placement of drugs listed in this subsection shall remain in effect until [December 25, 2025], unless enacted into law in the Drug Control Act.

Agenda Item: Amendment of Guidance Document 110-9

Included in your agenda package:

- Draft changes to Guidance Document 110-9, repealing deficiency 125.

Staff note: Recommendation to repeal deficiency 125 due to elimination of this language by USP.

Action needed:

- Motion to amend Guidance Document 110-9 as presented.

Virginia Board of Pharmacy
Pharmacy Inspection Deficiency Monetary Penalty Guide

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
1. No Pharmacist-in-Charge or Pharmacist-in-Charge not fully engaged in practice at pharmacy location	54.1-3434 and 18VAC110-20-110	must have documentation	2000
2. Pharmacist-in-Charge in place, inventory taken, but application not filed with Board within the required timeframe	54.1-3434 and 18VAC110-20-110		1000
3. Unregistered persons performing duties restricted to pharmacy technician without first becoming registered as a pharmacy technician trainee	54.1-3321 and 18VAC110-20-111	per individual	First documented occurrence = no penalty Repeat = $ penalty 250
4. Pharmacists/pharmacy technicians/pharmacy interns/pharmacy technician trainees performing duties on an expired license/registration	18VAC110-21-60, 18VAC110-21-110, 18VAC110-21-141, and 18VAC110-21-170.	per individual	First documented occurrence = no penalty Repeat = $ penalty 100

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
5. Pharmacy technicians, pharmacy interns, or pharmacy technician trainees performing duties without monitoring by a pharmacist, or unlicensed persons engaging in acts restricted to pharmacists	54.1-3320 18VAC110-20-112		500
6. Exceeds pharmacist to pharmacy technician ratio	54.1-3320 18VAC110-20-112	per each technician over the ratio	First documented occurrence = no penalty Repeat = $ penalty 100
7. Change of location or remodel of pharmacy without submitting application or Board approval	18VAC110-20-140	must submit an application and fee	250
8. Refrigerator/freezer temperature out of range greater than +/- 4 degrees Fahrenheit.	18VAC110-20-150 and 18VAC110-20-10	determined using inspector's or pharmacy's calibrated thermometer	First documented occurrence = no penalty; drugs may be embargoed Repeat = $ penalty 100 Drugs may be embargoed
9. The alarm is not operational. The enclosure is not locked at all times when a pharmacist is not on duty. The alarm is not set at all times when the pharmacist is not on duty.	18VAC110-20-180 and 18VAC110-20-190		1000

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
9a. Alarm incapable of sending an alarm signal to the monitoring entity when breached if the communication line is not operational. Alarm is operational but does not fully protect the prescription department and/or is not capable of detecting breaking by any means when activated. The alarm system does not include a feature by which any breach shall be communicated to the PIC or a pharmacist working at the pharmacy.	18VAC110-20-180		250
10. Unauthorized access to alarm or locking device to the prescription department	18VAC110-20-180 and 18VAC110-20-190		1000
11. Insufficient enclosures or locking devices	18VAC110-20-190		First documented occurrence and no drug loss = no penalty Drug loss or repeat = $ penalty 500
12. Storage of prescription drugs not in the prescription department	18VAC110-20-190		500

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
12a. Schedule II drugs are not dispersed with other schedules of drugs or maintained in a securely locked cabinet, drawer, or safe, or maintained in a manner that combines the two methods.	18VAC110-20-200		First documented occurrence and no drug loss of Schedule II = no penalty Drug loss or repeat = $ penalty 250
13. No biennial inventory, or over 30 days late, or substantially incomplete, i.e., did not include all drugs in Schedules II-V.	54.1-3404 and 18VAC110-20-240	Cite Deficiency 113 if only expired drugs not included in inventory.	Over 30 days late and first documented occurrence = no penalty Over 30 days late and repeat = $ penalty 500
14. No incoming change of Pharmacist-in-Charge inventory, inventory taken or over 5 days late, or substantially incomplete, i.e., did not include all drugs in Schedules II-V	54.1-3434 and 18VAC110-20-240	Per occurrence. Cite Deficiency 113 if only expired drugs not included in inventory.	500

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
15. Perpetual inventory not being maintained as required as it does not: • Include all Schedule II drugs received or dispensed; • Accurately indicate the physical count of each Schedule II drug "on-hand" at the time of performing the inventory; • Include a reconciliation of each Schedule II drug at least monthly; or • Include a written explanation of any difference between the physical count and the theoretical count. Monthly perpetual inventory is performed more than 7 days prior or more than 7 days after designated calendar month for which an inventory is required.	18VAC110-20-240	Review 10 drugs for six consecutive months. Includes expired drugs. Deficiency if more than 5 reconciliations not compliant.	250
16. Theft/unusual loss of drugs not reported to the Board as required	54.1-3404 and 18VAC110-20-240	per report/theft-loss	250
17. Hard copy prescriptions not maintained or retrievable as required (i.e. hard copy of fax for Schedule II, III, IV & V drugs and refill authorizations)	54.1-3404 and 18VAC110-20-240		250
18. Records of dispensing not maintained as required	54.1-3404, 18VAC110-20-240, 18VAC110-20-250, 18VAC110-20-420, and 18VAC110-20-425		250

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
19. Pharmacists not verifying or failing to document verification of accuracy of dispensed prescriptions	18VAC110-20-270, 18VAC110-20-420 and 18VAC110-20-425	10% threshold for documentation	500
20. Pharmacist not checking and documenting repackaging or bulk packaging	54.1-3410.2, 18VAC110-20-355 and 18VAC110-20-425	Review all entries for 5 drugs for six consecutive months. Deficiency if 10% or more are not compliant.	250
20a. Pharmacist not documenting verification of accuracy of non-sterile compounding process and integrity of compounded products	54.1-3410.2, 18VAC110-20-355	10% threshold	500
20b. Pharmacist not documenting verification of accuracy of sterile compounding process and integrity of compounded products	54.1-3410.2, 18VAC110-20-355		5000
21. No clean room	54.1-3410.2		10000
21a. Performing sterile compounding outside of a clean room.	54.1-3410.2	Compliant clean room present but not utilized for preparation of compounded sterile drug products.	3000

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
21b. Presterilization procedures for Category 2 or Category 3 CSPs, such as weighing and mixing, are completed in areas not classified as ISO Class 8 or better.	54.1-3410.2		500
22. Certification of the direct compounding area (DCA) for compounded sterile preparations indicating ISO Class 5 not performed by a qualified individual no less than every 6 months, whenever there are changes to the area such as redesign, construction, replacement or relocation of any PEC, or alteration in the configuration of the room that could affect airflow quality, and/or certification does not include airflow testing, HEPA filter integrity testing, total particle count testing, and dynamic airflow smoke pattern test.	54.1-3410.2	Review 2 most recent reports; certification must be performed no later than the last day of the sixth month from the previous certification	3000
23. Certification of the buffer or clean room and ante room indicating ISO Class 7 / ISO Class 8 or better not performed by a qualified individual no less than every six months, whenever there are changes to the area such as redesign, construction, replacement or relocation of any PEC, or alteration in the configuration of the room that could affect airflow quality, and/or certification does not include airflow testing, HEPA filter integrity testing, total particle count testing, and dynamic airflow smoke pattern test.	54.1-3410.2	Review 2 most recent reports; certification must be performed no later than the last day of the sixth month from the previous certification	1000

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
24. Sterile compounding of hazardous drugs performed in a non-compliant clean room	54.1-3410.2		2000
25. No documentation of sterilization methods or endotoxin pyrogen testing for Category 2 CSPs and/or Category 3 CSPs when required by USP	54.1-3410.2		5000
25a. No documentation of initial and at least every 3 months media-fill testing or gloved fingertip testing for persons performing compounding of Category 3 CSPs.	54.1-3410.2	Review 2 most recent reports. Media-fill testing and gloved fingertip testing must be performed no later than the last day of the third month from the date the previous media-fill test and gloved fingertip testing was initiated.	5000
25b. Category 3 compounded sterile preparations intended for use are improperly stored	54.1-3410.2		5000
25c. Category 1 or 2 CSPs intended for use are improperly stored	54.1-3410.2		500

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
25d. No documentation of results of the evaluation to determine cause of failure for a person who failed a media-fill test or gloved fingertip and thumb sampling	54.1-3410.2		5000 if performing Category 3 500 if performing Category 1 and 2
26. No documentation of initial and at least every 6 months media-fill testing or gloved fingertip testing for persons performing compounding of Category 1 and Category 2 CSPs.	54.1-3410.2	Review 2 most recent reports. Media-fill testing and gloved finger-tip testing must be performed no later than the last day of the sixth month from the date the previous media-fill test and gloved fingertip testing was initiated.	500
26a. Repealed 12/2023			
26b. No documentation of initial and at least every 12 months media-fill testing or gloved fingertip testing for persons who have direct oversight of compounding personnel, but do not compound.	54.1-3410.2		500
27. Compounding using ingredients in violation of 54.1-3410.2.	54.1-3410.2		1000

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
28. Compounding copies of commercially available products	54.1-3410.2	per Rx dispensed up to maximum of 100 RX or $5000	50
29. Unlawful compounding for further distribution by other entities	54.1-3410.2		500
30. Security of after-hours stock not in compliance	18VAC110-20-450		First documented occurrence and no drug loss = no penalty Drug loss or repeat = $ penalty 500
31. Drugs removed and administered to a patient from an automated dispensing device in a nursing home prior to review of the order and authorization by a pharmacist.	18VAC110-20-555	Except for drugs that would be stocked in an emergency drug kit as allowed by 18VAC110-20-555 (3)(C)	First documented occurrence and no known patient harm = no penalty Repeat = $ penalty 250
32. Have clean room, but not all physical standards in compliance, e.g., flooring, ceiling	54.1-3410.2		2000
33. Immediate use, Category 1, or Category 2 CSPs assigned inappropriate beyond use date (BUD)	54.1-3410.2		1000
33a. Category 3 CSPs assigned inappropriate BUD	54.1-3410.2		5,000
34. Combined with Deficiency 142 – 12/2013.			

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
35. Schedule II through VI drugs are being purchased from a wholesale distributor or warehouse not licensed or registered by the board or from another pharmacy in a non-compliant manner	18VAC110-20-395		250

Other Deficiencies

If five (5) or more deficiencies in this category are cited, a $250 monetary penalty shall be imposed. Another $100 monetary penalty will be added for each additional deficiency cited in this category, over the initial five.

Deficiency	Law/Regulation Cite	Conditions
101. Repealed 6/2011		
102. Special/limited-use scope being exceeded without approval	18VAC110-20-120	
103. Repealed 12/2013		
104. Sink with hot and cold running water not available within the prescription department.	18VAC110-20-150	
105. No thermometer or non-functioning thermometer in refrigerator/freezer, but temperature within range, +/-4 degrees Fahrenheit. Temperature not being recorded daily or record of such not maintained properly.	18VAC110-20-150 and 18VAC110-20-10	determined using inspector's calibrated thermometer
106. Prescription department substantially not clean and sanitary and in good repair	18VAC110-20-160	must have picture documentation

Deficiency	Law/Regulation Cite	Conditions
107. Current dispensing reference not maintained	18VAC110-20-170	
108. Emergency access alarm code/key not maintained in compliance	18VAC110-20-190	
109. Expired drugs in working stock, dispensed drugs being returned to stock not in compliance, dispensed drugs returned to stock container or automated counting device not in compliance. (i.e. appropriate expiration date not placed on label of returned drug, mixing lot numbers in stock container)	54.1-3457 18VAC110-20-200 18VAC110-20-355	10% threshold
110. Storage of paraphernalia/Rx devices not in compliance	18VAC110-20-200	

Deficiency	Law/Regulation Cite	Conditions
111. Storage of prescriptions awaiting delivery outside of the prescription department not in compliance	18VAC110-20-200	
112. Biennial taken late but within 30 days	54.1-3404 and 18VAC110-20-240	
113. Inventories taken on time, but not in compliance, i.e., no signature, date, opening or close, Schedule II drugs not separate, failure to include expired drugs.	54.1-3404, 54.1-3434 and 18VAC110-20-240	
114. Records of receipt (e.g. invoices) not on site or retrievable	54.1-3404 and 18VAC110-20-240	
115. Other records of distributions not maintained as required	54.1-3404 and 18VAC110-20-240	
116. Prescriptions do not include required information. Prescriptions not transmitted as required (written, oral, fax, electronic, etc.)	54.1-3408.01, 54.1-3408.02, 54.1-3410, 18VAC110-20-280 and 18VAC110-20-285 18VAC110-20-270	10% threshold
117. Deficiency 117 combined with Deficiency 116 – 6/2011		
118. Schedule II emergency oral prescriptions not dispensed in compliance	54.1-3410 and 18VAC110-20-290	>3
119. Not properly documenting partial filling of prescriptions	54.1-3412, 18VAC110-20-255,18VAC110-20-310, and 18VAC110-20-320	
120. Offer to counsel not made as required	54.1-3319	

Deficiency	Law/Regulation Cite	Conditions
121. Prospective drug review not performed as required	54.1-3319	
122. Engaging in alternate delivery not in compliance	18VAC110-20-275	
123. Engaging in remote processing not in compliance	18VAC110-20-276 and 18VAC110-20-515	
124. Labels do not include all required information	54.1-3410, 54.1-3411 and 18VAC110-20-330	10% Threshold Review 25 prescriptions
125. Repealed 6/25/2024 ~~Compliance packaging or labeling does not comply with USP-NF standards for customized patient medication packages~~	~~18VAC110-20-340~~	
126. Special packaging not used or no documentation of request for non-special packaging	54.1-3426, 54.1-3427 and 18VAC110-20-350	10% threshold Review 25 prescriptions
127. Repackaging records and labeling not kept as required or in compliance	18VAC110-20-355	10% threshold
128. Unit dose procedures or records not in compliance	18VAC110-20-420	
129. Robotic pharmacy systems not in compliance	18VAC110-20-425	
130. Required compounding/dispensing/distribution records not complete and properly maintained	54.1-3410.2	
130a Compounded products not properly labeled	54.1-3410.2	

Deficiency	Law/Regulation Cite	Conditions
131. Required "other documents" for USP-NF 797 listed on the pharmacy inspection report are not appropriately maintained	54.1-3410.2	
132. Personnel preparing compounded sterile preparations and/or who have direct oversight of compounding personnel, but do not compound, do not comply with cleansing and garbing requirements	54.1-3410.2	
133. Compounding facilities and equipment used in performing non-sterile compounds not in compliance with 54.1-3410.2	54.1-3410.2	
134. Policies and procedures for proper storage, security and dispensing of drugs in hospital not established or assured	18VAC110-20-440	
135. Policies and procedures for drug therapy reviews not maintained or followed	18VAC110-20-440	
136. After hours access to a supply of drugs or records not in compliance	18VAC110-20-450	10% threshold
137. Floor stock records not in compliance, pharmacist not checking, required reconciliations not being done	18VAC110-20-460	10% threshold
138. Automated dispensing device loading, records, and monitoring/reconciliation not in compliance	54.1-3434.02, 18VAC110-20-490 and 18VAC110-20-555	Cite if no documentation of monitoring. Review ADD in areas that do not utilize patient specific profile. Review 3 months of records – 30% threshold. Cite if exceeds threshold. Describe in comment section steps pharmacy is taking to comply. Educate regarding requirements.

Deficiency	Law/Regulation Cite	Conditions
139. Emergency medical services procedures or records not in compliance	18VAC110-20-500	10% threshold
140. Emergency kit or stat-drug box procedures or records not in compliance	18VAC110-20-540 and 18VAC110-20-550	10 % threshold
141. Maintaining floor stock in a long-term care facility when not authorized	18VAC110-20-520 and 18VAC110-20-560	
142. No record maintained and available for 12 months from date of analysis of dispensing errors or submission to patient safety organization	18VAC110-20-418	
143. Repealed 6/21/2018		
144. Repealed 6/21/2018		
145. Repealed 6/21/2018		
146. Repealed 6/21/2018		
147. Particle counts, environmental sampling, and smoke pattern testing not performed under dynamic conditions.	54.1-3410.2	
148. Theft/unusual loss of drugs reported to board but report not maintained by pharmacy	54.1-3404 and 18VAC110-20-240	

Deficiency	Law/Regulation Cite	Conditions
149. Surface sample testing not being performed	54.1-3410.2	

NOTE: A "repeat" deficiency is a deficiency that was cited during the routine or focused inspection performed immediately prior to the current routine inspection and after July 1, 2018.

Examples:
Routine inspection on 7/1/18 – Cited for Deficiency 3. No monetary penalty.
Routine inspection on 7/1/20. Cited for Deficiency 3. Monetary penalty.

Routine inspection on 7/1/18 – Cited for deficiency 3. No monetary penalty.
Routine inspection on 7/1/20 – No deficiency.
Routine inspection on 7/1/22 – Cited for deficiency 3. No monetary penalty.
Routine inspection on 7/1/24 – Cited for deficiency 3. Monetary penalty.

Agenda Topic: Discussion regarding pharmacy technician educational standard and workforce challenges; adopt revised 2024 Pharmacy Technician Workforce Survey Report

Staff notes: This topic was identified during the December 2023 full board meeting as a topic that the Board wanted to discuss at a future meeting.

Among the changes, HB1304 passed by the 2020 General Assembly created a new licensing category for pharmacy technician trainees which was implemented in January 2021. Per regulation, a trainee registration is valid for 2 years. Additionally, the legislation removed the allowance for completing a Board-approved pharmacy technician training program and required completion of a training program that is (i) an accredited training program approved by the Board, (ii) operated through a federal agency or branch of the military, or (iii) operated through the Department of Education's Career and Technical Education program. Such educational requirements became effective on July 1, 2022.

Included in agenda packet:

- Current count of licenses report as of Q3 2024
- New licenses count report as of Q3 2024 (number of new registrations issued each quarter)
- New licenses count report as of Q4 2020 (number of new registrations issued each quarter prior to change in educational standards)
- Relevant law and regulation
- Comparisons of state requirements for educational standards
    - Document provided by board staff
    - Excerpt from NABP 2024 Survey of Pharmacy Law report
- NABP task force report
- Revised 2024 Pharmacy Technician Workforce Survey Report

Virginia Department of
Health Professions

Current Count of Licenses

Quarterly Summary

Quarter 3 - Fiscal Year 2024

Current licenses by board and occupation as of the last day of the quarter.

** New Occupation

*** Veterinary Establishments are now grouped together, as the board works on designating existing establishments as "Ambulatory" or "Stationary", instead of "Full Service" or "Restricted Service".

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

BOARD	Occupation	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	CURRENT Q3 2024
Optometry	Optometrist	88	77	77	77	78	65	65	65	65	49	50	51	51
	Optometrist-Volunteer Registration	-	-	-	-	-	-	-	-	-	-	1	-	-
	Professional Designation	-	-	-	-	-	-	-	-	-	-	-	-	-
	TPA Certified Optometrist	1,720	1,680	1,716	1,736	1,749	1,708	1,758	1,784	1,808	1,777	1,820	1,852	1,879
	Total	1,808	1,757	1,793	1,813	1,827	1,773	1,823	1,849	1,873	1,826	1,871	1,903	1,930
Pharmacy	Business CSR	1,378	1,461	1,478	1,510	1,399	1,463	1,507	1,529	1,423	1,465	1,508	1,533	1,417
	CE Courses	9	9	9	9	9	9	9	9	9	9	9	9	9
	Humane Society	-	-	-	-	-	-	-	-	-	-	-	-	-
	Limited Use Facility Dispensing	-	-	-	-	-	-	-	1	2	3	3	3	4
	Limited Use Pharmacy Technician	8	8	8	8	7	7	7	7	7	7	7	7	6
	Limited Use Practitioner Dispensing	-	-	-	-	1	2	2	3	3	3	4	6	8
	Medical Equipment Supplier	224	223	230	229	209	217	223	226	213	220	226	224	205
	Non-Resident Manufacturer	194	202	209	215	206	213	218	224	217	226	231	236	229
	Non-Resident Medical Equipment Supplier	322	349	363	373	331	354	361	369	346	355	367	379	345
	Non Resident Outsourcing facility	33	33	34	33	30	29	32	33	35	33	32	31	31
	Non Resident Pharmacy	866	874	876	885	882	898	910	911	924	923	923	934	943
	Non-Resident Wholesale Distributor	604	635	644	660	624	634	643	641	610	624	635	641	612
	Non Restricted Manufacturer	28	28	29	30	31	32	34	34	35	35	35	35	32
	Non-Resident Third Party Logistics Prov.	169	182	186	191	181	181	194	206	207	219	229	238	234
	Non Resident Warehouser	79	91	96	101	98	99	105	115	109	114	123	130	127
	Outsourcing Facility	-	-	-	-	-	-	-	-	1	1	1	1	1
	Permitted Physician	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacist	15,668	15,865	16,210	16,445	15,858	16,079	16,414	16,619	16,064	16,273	16,606	16,796	16,147
	Pharmacist-Volunteer Registration	-	-	-	-	-	-	-	-	-	1	-	-	-
	Pharmacy	1,772	1,771	1,770	1,767	1,773	1,768	1,765	1,765	1,762	1,755	1,751	1,738	1,744
	Pharmacy Intern	1,464	1,489	1,499	1,457	1,247	1,312	1,267	1,352	1,166	1,235	1,213	1,274	1,074
	Pharmacy Technician	12,751	13,248	13,689	14,042	12,421	12,924	13,522	13,875	12,312	12,871	13,310	13,640	12,275
	Pharmacy Technician Trainee	831	2,406	3,309	4,628	5,930	6,258	6,977	8,041	8,581	8,178	8,190	8,063	8,095

Virginia Department of Health Professions

New License Count
Quarterly Summary
Quarter 3- Fiscal Year 2024

Licenses issued by board and occupation during the quarter.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

BOARD	Occupation	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	CURRENT Q3 2024
Pharmacy	Non-resident Outsourcing Facility	-	1	2	1	-	2	2	1	1	-	-	-	-
	Non-resident Pharmacy	36	26	13	22	22	28	23	17	28	18	24	21	25
	Non-resident Wholesale Distributor	11	24	11	17	10	4	11	4	9	10	14	9	8
	Non-restricted Manufacturer	1	-	1	1	1	1	2	-	2	-	-	-	-
	Outsourcing Facility	-	-	-	-	-	-	-	-	1	-	-	-	-
	Permitted Physician	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacist	157	188	332	210	161	194	327	164	152	184	317	168	136
	Pharmacist-Volunteer Registration	-	-	1	-	1	-	1	2	-	1	4	-	-
	Non-resident Third Party Logistics Prov.	-	-	4	6	4	2	12	13	12	11	11	11	5
	Non-resident Warehouser	-	-	5	6	5	1	6	9	3	4	9	6	8
	Pharmacy Intern	101	76	178	34	115	86	88	126	132	83	85	104	88
	Pharmacy	4	16	8	12	12	10	9	10	15	8	12	11	15
	Pharmacy Technician	517	412	397	309	407	445	528	292	383	463	376	270	412
	Pharmacy Technician Training Program	4	8	1	1	2	2	-	-	-	-	-	-	-
	Pharmacy Technician Trainee	841	1,649	988	1,431	1,456	692	1,072	1,186	983	971	966	1,103	999
	Physician Selling Controlled Substances	9	10	41	17	20	24	27	40	30	13	31	28	18
	Pilot Programs	-	-	-	-	1	2	1	-	-	2	-	2	1
	Repackaging Training Program	-	-	-	-	-	-	-	-	-	-	-	-	-

Virginia Department of Health Professions

New License Count

Quarterly Summary

Quarter 4- Fiscal Year 2020

Licenses issued by board and occupation during the quarter

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

														CURRENT
BOARD	Occupation	Q4 2017	Q1 2018	Q22018	Q3 2018	Q42018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020
Pharmacy	Non-resident Outsourcing Facility	8	20	1	3	7	1	2	0	0	1	-	1	3
	Non-resident Pharmacy	38	4	40	32	35	29	24	31	20	24	17	36	20
	Non-resident Wholesale Distributor	17	38	9	21	18	15	11	10	6	12	13	8	13
	Non-restricted Manufacturer	0	9	0	1	0	0	2	0	1	2	-	1	-
	Outsourcing Facility	0	0	0	0	0	0	0	0	0	0	-	-	-
	Pharmaceutical Processor					-	-	-	0	0	0	-	1	2
	Permitted Physician	0	0	0	0	0	0	0	0	0	0	-	-	-
	Pharmacist	181	439	200	148	183	435	216	196	130	428	209	161	176
	Pharmacist-Volunteer Registration	0	5	0	0	0	2	0	0	0	1	-	-	-
	Non-resident Third Party Logistics Prov.	-	-	-	-	-	-	-	1	18	0	22	-	9
	Non-resident Warehouser	-	-	-	-	-	-	-	1	9	0	7	-	18
	Pharmacy Intern					-	-	207	120	82	157	85	141	98
	Pharmacy	28	18	9	9	14	22	17	11	11	10	11	11	7
	Pharmacy Technician	578	564	287	384	380	384	372	412	288	452	464	467	246
	Pharmacy Technician Training Program	8	2	5	4	3	1	5	3	2	2	3		2
	Physician Selling Controlled Substances	25	47	27	24	51	3	49	26	14	26	24	25	17
	Physician Selling Drugs Location	4	7	4	3	13	5	4	8	5	6	3	5	8
	Pilot Programs	1	1	0	2	0	1	0	2	0	3	1	-	1
	Registered Patient For CBD/THC-A Oil	-	-	-	-	-	32	0	33	0	0	-	-	-
	Registered Physician For CBD/THC-A Oil	-	-	-	-	-	145	69	191	26	0	-	-	50
	Registered Practitioner for CBD/THC-A Oil											53	55	-
	Repackaging Training Program	0	0	0	0	0	0	0	1	0	0	-	-	-

Relevant Law and Regulation

§ 54.1-3321. Registration of pharmacy technicians.

A. No person shall perform the duties of a pharmacy technician without first being registered as a pharmacy technician with the Board. Upon being registered with the Board as a pharmacy technician, the following tasks may be performed:

1. The entry of prescription information and drug history into a data system or other record keeping system;

2. The preparation of prescription labels or patient information;

3. The removal of the drug to be dispensed from inventory;

4. The counting, measuring, or compounding of the drug to be dispensed;

5. The packaging and labeling of the drug to be dispensed and the repackaging thereof;

6. The stocking or loading of automated dispensing devices or other devices used in the dispensing process;

7. The acceptance of refill authorization from a prescriber or his authorized agency, so long as there is no change to the original prescription;

8. Under the supervision of a pharmacist, meaning the supervising pharmacist is at the same physical location of the technician or pharmacy intern, and consistent with the requirements of § 54.1-3303.1, administration of the following drugs and devices to persons three years of age or older as set forth in regulations of the Board: vaccines included on the Immunization Schedule published by the Centers for Disease Control and Prevention and vaccines for COVID-19; and 9. The performance of any other task restricted to pharmacy technicians by the Board's regulations.
B. To be registered as a pharmacy technician, a person shall submit:

1. An application and fee specified in regulations of the Board;

2. Evidence that he has successfully completed a training program that is (i) an accredited training program, including an accredited training program operated through the Department of Education's Career and Technical Education program or approved by the Board, or (ii) operated through a federal agency or branch of the military; and

3. Evidence that he has successfully passed a national certification examination administered by the Pharmacy Technician Certification Board or the National Healthcareer Association.

C. The Board shall promulgate regulations establishing requirements for:

1. Issuance of a registration as a pharmacy technician to a person who, prior to the effective date of such regulations, (i) successfully completed or was enrolled in a Board-approved pharmacy technician training program or (ii) passed a national certification examination required by the Board but did not complete a Board-approved pharmacy technician training program;

2. Issuance of a registration as a pharmacy technician to a person who (i) has previously practiced as a pharmacy technician in another U.S. jurisdiction and (ii) has passed a national certification examination required by the Board; and

3. Evidence of continued competency as a condition of renewal of a registration as a pharmacy technician.

D. The Board shall waive the initial registration fee for a pharmacy technician applicant who works as a pharmacy technician exclusively in a free clinic pharmacy. A person registered pursuant to this subsection shall be issued a limited-use registration. A pharmacy technician with a limited-use registration shall not perform pharmacy technician tasks in any setting other than a free clinic pharmacy. The Board shall also waive renewal fees for such limited-use registrations. A pharmacy technician with a limited-use registration may convert to an unlimited registration by paying the current renewal fee.

E. Any person registered as a pharmacy technician prior to the effective date of regulations implementing the provisions of this section shall not be required to comply with the requirements of subsection B in order to maintain or renew registration as a pharmacy technician.

F. A pharmacy technician trainee enrolled in a training program for pharmacy technicians described in subdivision B 2 may engage in the acts set forth in subsection A for the purpose of obtaining practical experience required for completion of the training program, so long as such activities are directly monitored by a supervising pharmacist.

G. To be registered as a pharmacy technician trainee, a person shall submit an application and a fee specified in regulations of the Board. Such registration shall only be valid while the person is enrolled in a pharmacy technician training program described in subsection B and actively progressing toward completion of such program. A registration card issued pursuant to this section shall be invalid and shall be returned to the Board if such person fails to enroll in a pharmacy technician training program described in subsection B.

H. A pharmacy intern may perform the duties set forth for pharmacy technicians in subsection A when registered with the Board for the purpose of gaining the practical experience required to apply for licensure as a pharmacist.

I. A registered nurse or licensed practical nurse practicing at an opioid treatment program pharmacy may perform the duties set forth for pharmacy technicians in subsection A, provided that all take-home medication doses are verified for accuracy by a pharmacist prior to dispensing.

2001, c. 317; 2004, c. 47; 2020, cc. 102, 237; 2022, cc. 138, 790, 791.

18VAC110-21-141. Requirements for pharmacy technician training.

A. Any person wishing to apply for registration as a pharmacy technician shall submit the application fee and an application on a form approved by the board.

B. To be registered as a pharmacy technician, an applicant shall provide evidence of the following:
1. Completion of a pharmacy technician training program that is:

a. Jointly accredited by the ASHP and ACPE;

b. An accredited training program operated through the Department of Education's Career and Technical Education Program;

c. Operated through a federal agency or branch of the military; or

d. Accredited by an accreditation body approved by the board.

2. Successfully having passed a national certification examination administered by PTCB or NHA.

C. A pharmacy technician who has previously practiced in another United States jurisdiction may be eligible to obtain registration as a pharmacy technician upon documentation of previous practice and having passed a national certification examination administered by PTCB or NHA.

D. A person who successfully completed or was enrolled in a board-approved pharmacy technician training program but did not successfully pass a national examination prior to July 1, 2022, may be eligible to obtain registration as a pharmacy technician after successfully passing a national certification examination administered by PTCB or NHA and submitting to the board documentation of such completion or enrollment in a board-approved pharmacy technician training program and passing examination score. E. A person who passed a national certification examination administered by PTCB or NHA but did not complete a board-approved pharmacy technician training program prior to July 1, 2022, may be eligible to obtain registration as a pharmacy technician upon documentation of having passed such examination.

States known to staff to require national accredited training:

- Louisiana
    - Currently has proposed rules which will also allow training programs that "meet the minimum requirements of a board-approved pharmacy technician certification examination provider."
- North Dakota
- Utah
    - Has required accredited education/training for several years now, but it had a carveout for TRC's Pharmacy Technicians University product. The proposed rule would eliminate that carveout.
- Virginia

Many states will accept national accredited training program or a board-approved training program. Below are examples of states that specifically outline content required to be included in a board-approved training program:

California
Kansas
Maryland
Montana
New Mexico
Rhode Island
South Carolina
Texas
West Virginia

12. Regulation of Pharmacy Technicians (cont.)

State	Technician Training Requirements	Does State Require Pharmacy Technicians to Complete Accredited Pharmacy Technician Education/Training?	Technician CPE Requirements	Technician Examination Requirement
Alabama	Yes K4	No	Yes 6 hrs/2 yrs MM	—
Alaska	Yes S	No	Yes 10 hrs/2 yrs	No
Arizona	Yes	Yes	NN	Yes AA
Arkansas	No	No	None	No
California	Yes K5, CC	No CC	Yes J5	No CC
Colorado	No	Yes M5	Yes DDD	No
Connecticut	Yes S	No	No	No
Delaware	Yes	No L5	N/A	No
District of Columbia	Yes BBB	Yes P5	Yes BBB	Yes BBB
Florida	Yes Q	No	Yes 20 hrs/2 yrs	No
Georgia	No	—	None	No
Guam	No J	No	None J	No
Hawaii	No	—	No	No
Idaho	No OO	No	No C4	No C4
Illinois	Yes PP	MMM	Yes A5	Yes QQ
Indiana	Yes	—	No	No U
Iowa	Yes H	No	No C5	No
Kansas	Yes	No	Yes YYY	Yes A4
Kentucky	No	No	None	No
Louisiana	Yes	Yes M5	Yes 10 hrs/yr OOO	Yes AA
Maine	Yes UUU	No	No	No
Maryland	Yes	No	Yes	Yes
Massachusetts	Yes	No	No BB	Yes
Michigan	Yes D4	No N5	Yes E4	Yes F4
Minnesota	Yes	Yes	Yes	No
Mississippi	Yes	No	No	No
Missouri	Yes HHH	No	None	No
Montana	Yes** T	No P5	Yes SS	Yes AA
Nebraska	Yes** I	—	No	No
Nevada	Yes	No	Yes Y	No
New Hampshire	Yes	—	Yes P	Yes P
New Jersey	No	No	No	No
New Mexico	Yes** H	Yes O5	None	Yes AA
New York	Yes D5	No P5	No	No D5
North Carolina	Yes	No Q5	None	No
North Dakota	Yes R	Yes R5	Yes 10 hrs AA	Yes
Ohio	Yes	No S5	Yes 10 hrs/2 yrs J4	Yes P
Oklahoma	Yes	No	None	Yes
Oregon	Yes	No	Yes H4	No
Pennsylvania	Yes ZZ, MMM	No MMM	MMM	MMM
Puerto Rico	Yes F	Yes	Yes 20 hrs/3 yrs	Yes F
Rhode Island	Yes	Yes W5	Yes BB	Yes V
South Carolina	Yes DD	No	Yes 10 hrs/yr EE	Yes DD
South Dakota	Yes D	No	None	Yes D
Tennessee	No	No	None	No
Texas	Yes C	Yes X5	Yes 20 hrs/2 yrs XXX	Yes
Utah	Yes	—	Yes 20 hrs/2 yrs	Yes E
Vermont	Yes J	No	No J	No
Virginia	Yes H5	Yes Y5	Yes 5 hrs/yr	Yes H5
Washington	Yes VVV	No	Yes XX	Yes VVV
West Virginia	Yes I, K	No	None AA	Yes
Wisconsin	No G4	No	No	No
Wyoming	Yes ZZ	No	Yes 10 hrs	Yes E

**Contact the state board of pharmacy office to obtain requirements.
Colored text denotes change from 2023 edition..
— Indicates information is not available.

12. Regulation of Pharmacy Technicians (cont.)

Legend

A — All new pharmacy technicians have one year after initial licensure to obtain national certification.
B — Technician trainee receives a three-year nonrenewable license.
C — A person may be a technician trainee for no more than two years while seeking certification. Contact the Board for specific training requirements.
D — Same as PTCB requirements.
E — PTCB examination or the ExCPT.
F — 1,000 hours of internship under direct supervision of a registered pharmacist and passing an examination prepared by the Board are required for certification. Designated pharmacy technician intern for three years maximum.
G — Biennial at birthday. (MD – First renewal 10 CE, all other renewals 20 CE. MA – No CE required.)
H — Technicians must be under direct pharmacist supervision, unless in an approved telepharmacy. (IA-remote supervision permitted in other circumstances with conditions).Technician training must be documented and maintained. Additional training required for telepharmacy technicians.
I — Training requirements developed by training pharmacies and approved by the board. (WV – PTCB or National Healthcareer Association certified pharmacy technician certification. As of July 1, 2014, technician must have graduated from a competency-based pharmacy technician training and education program or completed training requirements stated above.)
J — The Board is proposing/developing regulations.
K — Designated as a "technician-in-training" prior to meeting requirements for licensure.
L — The term "Support Personnel" is also used.
M — Fee changes annually. Check with the Board.
N — A "Pharmacy Technician" is a subset of "Supportive Personnel."
O — Technicians are not considered "registered," but are issued a "permit."
P — Required for certified pharmacy technicians, but not pharmacy technicians.
Q — Pharmacy technicians may register in Florida if they complete a Board-approved training program.
R — Technicians must complete ASHP-accredited program.
S — On-the-job training by PIC appropriate to technician's duties.
T — Technician utilization plan filed with Board or didactic course.
U — Passage of the PTCB examination is one way to become certified as a technician in this state. Must also file application for licensure.
V — To be eligible for registration, a pharmacy technician must either hold a current PTCB certification, or must have passed a training program and examination approved by the Board.
W — Plus a fingerprint fee paid to a contracted agency.
X — $25 initial; $30 renewal/2 years.
Y — However, technicians must complete twelve hours of in-service training during the two-year period immediately preceding the renewal of the registration. One of the 12 hours of in-service training must be a jurisprudence program approved by or presented by the Board.
Z — CPhT annual renewal. Trainee registration valid for one year with renewal permitted in exceptional circumstances.
AA — PTCB or ExCPT certification required (WV – and maintenance for CPE).
BB — However, "certified pharmacy technicians" must maintain certification which may require CPE.
CC — Educational training and/or is certified by a pharmacy technician-certifying organization offering a pharmacy technician certification program accredited by the National Commission for Certifying Agencies that is approved by the Board.
DD — To be certified as a pharmacy technician an individual must have worked for 1,000 hours under the supervision of a licensed pharmacist as a technician and must have completed a Board of Pharmacy-approved technician course as provided for in subsection (D); a high school diploma or equivalent; and passed the National Pharmacy Technician Certification Examination or a Board of Pharmacy-approved examination and has maintained current certification; and fulfilled CE requirements as provided for in Section 40-43-130(G).
EE — As a condition of registration renewal, a registered pharmacy technician shall complete 10 hours of ACPE-accredited CE or CME Category I each year.

Colored text denotes change from 2023 edition.

12. Regulation of Pharmacy Technicians (cont.)

Legend cont.

FF — State-level background check is completed; a federal biometric check is not required.
GG — Annual (by birth month).
HH — Plus one-time application fee of $50.
II — Odd numbered years.
JJ — Revoked 28 pharmacy technician permits, 0 probations, 0 suspensions, and 0 fines.
KK — "Technicians-in-Training" are registered until they meet the requirements for licensure. The technician-in-training permit is valid for no more than two years from date of issue.
LL — Registration effective April 6, 2018.
MM — Two hours must be live. No carry-over.
NN — Three hours must be opioid-related, substance use disorder-related, or addiction-related).
OO — Must be 16 years of age unless waived; or in school-supervised employment.
PP — Refer to 225 ILCS 85/9.5 and 85/17.1 and 68 Illinois Administrative Code Sections 1330.210 and 1330.220.
QQ — Beginning on January 1, 2017, within two years after initial licensure as a registered pharmacy technician, licensee must become certified by successfully passing an examination accredited by the National Commission for Certifying Agencies, as approved by the Board or by rule, and registering as a certified pharmacy technician with the Department. Does not apply to pharmacy technicians registered prior to January 1, 2008. See 225 ILCS 85/9 and 85/9.5.
RR — Biennial, January 1 of odd years.
SS — Must comply with CE requirements of certifying entity.
TT — Additional $35 for criminal background check.
UU — Application fees are reevaluated June of even-numbered years.
VV — Plus fingerprinting fee. Additional $46.25 for national fingerprint-based background check for initial licensure.
WW — Indiana State Police collect an additional fee for a background check.
XX — Twenty hours of CPE or 2.0 CPE units that are ACPE accredited.
YY — Even numbered years.
ZZ — On-the-job training in permitted activities.
AAA — As of July 1, 2014, switched from certification. Must still hold technician-in-training permit or be PTCB- or ExCPT-certified prior to licensure.
BBB — D.C. Law §17-99.
CCC — Does not apply to those registered prior to July 1, 2011.
DDD — Effective March 30, 2020, state certification will require proof of a national certification as determined by the Board. CPE requirements for the purpose of state certification renewal will be determined by the Board at a later date.
EEE — North Carolina recognizes PTCB certification, which allows pharmacy technician to perform additional duties.
FFF — See IC 25-26-19-5.
GGG — Required to perform certain functions.
HHH — Additional training required for technicians engaged in sterile compounding, providing remote data entry, immunizing/administering medication, assisting outside of a pharmacy, technology-assisted final product verification, or at a remote dispensing site pharmacy.
III — However, this may be increased upon request from the pharmacy to the Board.
JJJ — Prior to initial license as a Certified Oregon Pharmacy Technician, but not for license renewal.
KKK — Applicants for pharmacy technician registration must have taken and passed a certification examination approved by the Board and have a current certificate. Contact Board for additional requirements.
LLL — Idaho candidates under age 18 are exempt from fingerprint-based criminal history check.
MMM — Regulations pending (TN – Regulations revision pending).
NNN — Or provide satisfactory proof to the Board of successful completion of a pharmacy technician training program approved by the Board.
OOO — Must be technician-specific and ACPE accredited.
PPP — One-year technician trainee registration with renewal permitted in exceptional circumstances.

NABP*LAW* Online Search Terms

Status of Pharmacy Technicians *(type as indicated below)*

- technician certification
- technician fee
- technician registration
- technician renewal
- technician requirements
- technician training
- technician license

Note: "ancillary personnel"; "non-licensed personnel"; and "support personnel" can be substituted for "technician."

Colored text denotes change from 2023 edition.

12. Regulation of Pharmacy Technicians (cont.)

Legend cont.

QQQ — Only required to be actively certified through PTCB or ExCPT at time of initial application if using this option for application of registration. 18VAC110-21-140.

RRR — Only for pharmacy technicians. Not required for pharmacy technician trainees. (RI – National certification required for pharmacy technician II, not for pharmacy technician I.)

SSS — See 225 ILCS 85/9 and 85/9.5.

TTT — However, if at least one technician is certified, a pharmacy can exceed the base technician-to-pharmacist ratio by having one additional technician on duty within the pharmacy.

UUU — See Maine Pharmacy Rules 02 392, Chapter 7, Section 2, Training.

VVV — Pharmacy technicians must be 18 years old and hold a high school diploma or GED and complete a Commission-approved program (academic/formal or on-the-job). The program must include didactic training and practical experience (WAC 246-945-215). Technicians trained out-of-state must demonstrate that their training and education are similar to a Commission-approved program. For initial certification, all new pharmacy technicians must pass a Commission-approved national standardized examination. The Commission recognizes exams administered by organizations accredited by the National Commission for Certifying Agencies. The Commission does not require technicians to maintain national certification.

WWW — S.C. Code 40-43-86(B)(4)(c) The pharmacist to technician ratio may not exceed a one to three employment ratio. The allowable employment ratio for a site is determined by comparing the number of pharmacists employed at the site to the number of pharmacy technicians employed at the site. The day-to-day operational pharmacist to technician personal supervision ratio is to be determined by the pharmacist-in-charge.

XXX — One hour must be related to Texas pharmacy laws or rules.

YYY — Twenty hours (approved) per biennial renewal period. No carry-over. Must be earned in prior registration period.

ZZZ — Board recommends to Department of Health and Human Services, Division of Public Health.

A4 — All technicians initially registered after July 1, 2017, shall be required to pass the PTCB or ExCPT certification exam prior to their first registration renewal (approximately two years). Does not apply to technicians registered prior to July 1, 2017, unless the registration lapses. A one-time, six-month extension may be granted for good cause shown.

B4 — Three eligibility options for Pharmacy Technician Candidate (PTC) Registration – (a) Proof of enrollment in a nationally accredited and board-approved pharmacy technician training program; (b) Proof of successful completion of a board-approved pharmacy technician certification examination; (c) Credential issued by another state board of pharmacy with practice for at least one year as a technician in that state plus proof of successful completion of a board-approved pharmacy technician certification examination. Once issued, PTC registration is valid for a maximum of two years, during which time the PTC shall earn at least 600 hours of practical experience in a LA-licensed pharmacy, or the number of hours required by the curriculum of the nationally-accredited and board-approved pharmacy technician training program.

C4 — Only for certified pharmacy technicians.

D4 — Must submit certification of examination scores. Training is not required except for a one-time training in identifying victims of human trafficking per Rule 338.3659 for initial licenses beginning 2021 and for renewals in 2018. Beginning June 1, 2022, two hours in implicit bias training are required pursuant to R 338.7004.

E4 — 20 hours of CPE required. No more than 12 hours may be earned during a 24-hour period; no credit for program identical to program already used in the same renewal period; five credits must be in live courses, programs, or activities; one hour must be in pain and symptom management relating to practice of pharmacy; one hour must be in patient safety; one must be in pharmacy law; and 17 in listed subjects. May take a proficiency examination in lieu of CE. In addition to the 20 hours, beginning June 1, 2022, one hour of implicit bias training is required pursuant to R 338.7004 for each year of the applicant's license cycle.

F4 — PTCB, or examination given by the National Healthcareer Association, or nationally recognized and administered certification examination approved by the Board, or

12. Regulation of Pharmacy Technicians (cont.)

Legend cont.

an employer-based training program examination approved by the Board.

G4 — Job-specific training is required as deemed necessary by managing pharmacist or to perform specific jobs such as sterile compounding and vaccine administration.

H4 — Each renewal cycle (every two years), Certified Oregon Pharmacy Technicians and Pharmacy Technicians must satisfactorily complete twenty (20) hours of CPE. A minimum of two (2) hours must be earned in the area of pharmacy law, a minimum of two (2) hours must be earned in the area of patient safety or medication error prevention, and a minimum of two (2) hours must be earned in the area of cultural competency. (OAR 855-135-0070).

I4 — Initial and renewal fee is $20. The Board fee consists of the combined initial license fee of $20 and $21 for criminal history record check, not required for renewal.

J4 — For registered pharmacy technicians only. Certified technicians must complete all continuing education requirements necessary to maintain the registrant's pharmacy technician certification from an organization that has been recognized by the Board (PTCB/ExCPT).

K4 — Effective January 1, 2020.

L4 — For initial applications, the technician applicant submits a fingerprint clearance card.

M4 — If an applicant answers yes to any good moral character questions, they are required to submit a Criminal Offender Record Information (CORI) Acknowledgement Form with their application.

N4 — Pursuant to 5 MRS §5301 - 5303, the state of Maine is granted the authority to take into consideration an applicant's criminal history record.

O4 — Pursuant to MCL 333.16174(3) and MCL 333.17739a. Technicians are licensed, not registered.

P4 — However, Board may require it.

Q4 — Self-disclosure of criminal history is required on pharmacy technician applications. Failure to disclose is a basis for denying a technician registration or voiding a registration already granted.

R4 — Applicant must answer application question regarding criminal history. If applicant answers in the affirmative, a criminal background and explanation is required to be submitted with the application.

S4 — Trainee registration not required.

T4 — The Board requires Criminal Offender Record Information from the Department of Justice and Federal Bureau of Investigation.

U4 — Background checks are conducted randomly, although Board staff has the authority to use discretion to run them on any applicant/registrant.

V4 — Utah Code 58-17b-307(1)(a).

W4 — If an individual applies for registration in Kentucky and answers yes to one or more of six questions on the application, a state-level background check will be done.

X4 — Criminal history record checks include the Washington State Patrol and, in some cases, an FBI fingerprint background check as well.

Y4 — State certification as well as a national certification exam approved by the Commission.

Z4 — Fees are set by the Secretary of the Department of Health.

A5 — 20 hours of CPE every 24 months is required; IDFPR is currently working on rules to implement this requirement.

B5 — Applicants must answer criminal history questions but a background screening is not required.

C5 — One hour of CPE related to immunizations if technician is engaged in vaccine administration. Telepharmacy technicians required to obtain two hours CPE each for pharmacy law and patient safety/medication errors each renewal period.

D5 — Registered pharmacy technicians are required to meet the criteria for licensure, including obtaining certification from a nationally accredited pharmacy technician certification program for which an examination may be required.

E5 — Certification is required in order for a qualified pharmacy technician to work in a remote pharmacy, not under the personal charge of the pharmacist, pursuant to MCL 333.17742b.

F5 — Registered pharmacy technicians may practice in hospitals, nursing homes and diagnostic treatment centers, or pharmacies owned and operated by such facilities. Pharmacy support staff working outside of these facilites are deemed unlicensed personnel and may not utilize the title registered pharmacy technician. For more information, please contact the Board office.

G5 — Authority falls under the Board of Regents.

H5 — Exams currently approved are PTCB and ExCPT. Effective July 1, 2022, to be registered as a pharmacy technician, an

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Legend cont.

applicant shall provide evidence of the following: 1. Completion of a pharmacy technician training program that is: a. Jointly accredited by the ASHP and ACPE; b. An accredited training program operated through the Department of Education's Career and Technical Education program; c. Operated through a federal agency or branch of the military; or d. Accredited by an accreditation body approved by the board. 2. Evidence that the applicant successfully passed a national certification examination administered by PTCB or NHA. (18VAC110-21-141)

I5 — Alabama Board of Pharmacy approved training only.

J5 — One (1) hour of CE on Cultural Comptency.

K5 — The technician trainee must be under the direct supervision and control of a pharmacist; a pharmacist may only supervise one technician trainee, technician externship must be for a period of no fewer than 120 hours and no more than 140 hours and a period of no more than six consecutive months in a community pharmacy and for a total of no more than 12 months if rotations involve community and hospital pharmacy while enrolled in a course of instruction at an institution.

L5 — State does not require pharmacy technicians to be licensed or registered.

M5 — Under certain circumstances in order to obtain a certified pharmacy technician license.

N5 — An applicant for licensure as a pharmacy technician may complete an employer-based program accredited by ASHP/ACPE, an educational program that is accredited by ASHP/ACPE or by an agency accredited by the United States Department of Education, or may complete a Board of Pharmacy-approved unaccredited training program that complies with the requirements of Rule 338.3655.

O5 — Pharmacy technicians are required to take and pass a certification exam within one year of becoming licensed and maintain current certification. Pharmacy technicians who administer vaccines must complete an ACPE-accredited immunization certification course.

P5 — Registered pharmacy technicians are required to have certification from a nationally accredited pharmacy technician certification program acceptable to the department (currently PTCB or NHA).

Q5 — Only for technicians who are trained to administer vaccines - 2 hours of ACPE-accredited immunization-related CPE each year. GS 90-85.15B(f).

R5 — (ASHP/ACPE)

S5 — See OAC 4729:3-3-02.

T5 — 3:1 ratio only for technician trainees.

U5 — For community pharmacy, a ratio of no more than two pharmacy technicians per supervising pharmacist on duty shall be maintained. A licensed pharmacy that conducts significant compounding (10% of prescription volume) may utilize up to two pharmacy technicians specifically trained in compounding who shall, only while performing compounding duties, not be counted for the purposes of the pharmacy technician-to-pharmacist ratio of two pharmacy technicians to one supervising pharmacist.

V5 — For hospital pharmacy, the ratio of pharmacy technicians to supervising pharmacists shall be set by the director of pharmacy and should be a ratio that would be considered safe and reasonable by the certifying pharmacist. The ratio shall not exceed four pharmacy technicians to one supervising pharmacist.

W5 — For Pharmacy Technician II (which is a nationally certified technician).

X5 — If compounding sterile preparations.

Y5 — New applicants must provide evidence that they have successfully completed a training program that is (i) an accredited training program, including an accredited training program operated through the Department of Education's Career and Technical Education program or approved by the Board, or (ii) operated through a federal agency or branch of the military.

Z5 — Pharmacies may have an increased pharmacist-to-technician ratio when vaccines are administered. From September 1 to March 31 of the following year, a certified and registered pharmacy technician shall not count toward the pharmacist-to-technician ratio if such pharmacy technician: Is authorized to administer vaccines; and, Exclusively performs duties related to the administration of vaccines during such period.

Footnotes (*)

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12. Regulation of Pharmacy Technicians (cont.)

Footnotes (*) cont.

AL — 4:1 if two technicians are PTCB certified, otherwise 2:1. All technicians must be at least 17.

CA — In community pharmacy, the ratio is 1:1 for the first pharmacist on duty, then 2:1 for each additional pharmacist on duty. The ratio is 2:1 for the preparation of a prescription for an inpatient of a licensed health facility (hospital, skilled nursing facility) and licensed home health agency. The ratio does not apply for preparation of a prescription for an inmate of a correctional facility of the Department of the Youth Authority, Department of Corrections, State Department of Mental Health, State Department of Developmental Services, or the Department of Veterans Affairs.

CT — Refer to Section 20-576-36 of the Regulations of Connecticut State Agencies. In summary, ratio not to exceed 2:1 when both technicians are registered. Ratio of 3:1 permitted when there are two registered technicians and one certified technician. However, a pharmacist is permitted to refuse the 3:1 ratio for the 2:1 ratio. In an institutional outpatient pharmacy, ratio is 2:1. The pharmacist manager may petition the Commission to increase ratio to 3:1 in a licensed or institutional outpatient pharmacy. Inpatient pharmacy ratio is 3:1 generally, but pharmacy can petition for ratio of up to 5:1; satellite pharmacy 3:1, but can petition for up to 5:1.

FL — Rule 64B16-27.410 outlines the acceptable ratios as follows:
(A) Three to One (3:1) Ratio: Any pharmacy or any pharmacist engaged in sterile compounding shall not exceed a ratio of up to three (3) registered pharmacy technicians to one (1) pharmacist (3:1). The 3:1 ratio only applies to pharmacists and technicians engaged in sterile compounding, and does not affect the technician ratios for other activities not involving sterile compounding in areas of the pharmacy physically separated from the area in which sterile compounding activities take place.
(B) Six to One (6:1) Ratio: Any pharmacy or any pharmacist may allow a supervision ratio of up to six (6) registered pharmacy technicians to one (1) pharmacist (6:1), as long as the pharmacist or registered pharmacy technicians are not engaged in sterile compounding.
(C) Eight to One (8:1) Ratio: (a) Non-dispensing pharmacies. Any pharmacy which does not dispense medicinal drugs, and the pharmacist(s) employed by such pharmacy, may allow a supervision ratio of up to eight (8) registered pharmacy technicians to one (1) pharmacist (8:1), as long as the pharmacist or registered pharmacy technicians are not engaged in sterile compounding.
(D) Dispensing pharmacies. A pharmacy which dispenses medicinal drugs may utilize an eight to one (8:1) ratio in any physically separate area of the pharmacy from which medicinal drugs are not dispensed. A "physically separate area" is a part of the pharmacy which is separated by a permanent wall or other barrier which restricts access between the two areas.

GA — One of the three pharmacy technicians must be certified. Board may consider and approve an application to increase the ratio in a hospital pharmacy.

IA — In technician product verification programs, no more than three checking technicians per pharmacist within the prescription-filling process.

ID — Ratio includes technicians, technicians-in-training, and student pharmacists.

IN — Technicians must be under the immediate and personal supervision of the pharmacist.

KS — A pharmacist shall not supervise at any time more than two pharmacy technicians who have not passed a certification examination approved by the Board.

LA — Total of 4 pharmacy technicians/pharmacy technician candidates/pharmacy interns: 1 pharmacist with no more than 2 of those being pharmacy technician candidates.

MA — Up to 4:1 as long as there are at least two certified pharmacy technicians, two pharmacy interns, or a combination.

MO — Technician must be under the direct supervision and responsibility of a pharmacist.

MT — Technician ratio was removed March 2022. See ARM 24.174.711. The pharmacist-in-charge will ensure that the number of pharmacy technicians on duty can be satisfactorily supervised by the pharmacist(s) on duty to ensure patient safety and a safe work environment.

NC — Ratio may be increased above 2:1 if

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12. Regulation of Pharmacy Technicians (cont.)

Footnotes (*) cont.

additional technicians are certified and the Board approves the increase in advance.

ND — For closed-door pharmacies not dealing directly with patients, the ratio is 5:1.

NJ — See NJAC 13:39-6.15(e).

NY — A pharmacist may supervise no more than four individuals at once. In Article 28 facilities or pharmacies owned and operated by such a facility, a pharmacist may supervise up to two registered pharmacy technicians in addition to two unlicensed personnel for a total of no more than four individuals at once.

NV — Technician to pharmacist ratio is now 3:1; however, initial prescription data input can now only be done by a registered pharmaceutical technician or a pharmacist. A clerk may enter demographic and insurance data only on new prescriptions.

OH — A pharmacist is not permitted to supervise more than three pharmacy technician trainees at any time, unless otherwise approved by the Board.

OK — For nuclear pharmacy, the ratio of pharmacy technicians to supervising pharmacists shall be set by the PIC and shall be a ratio that would be considered safe and reasonable by the certifying pharmacist. This ratio shall not exceed three pharmacy technicians to one supervising pharmacist.

SC — The PIC shall develop and implement written policies and procedures to specify the duties to be performed by pharmacy technicians. The duties and responsibilities of these personnel shall be consistent with their training and experience. These policies and procedures shall, at a minimum, specify that pharmacy technicians are to be personally supervised by a licensed pharmacist who has the ability to control and who is responsible for the activities of pharmacy technicians and that pharmacy technicians are not assigned duties that may be performed only by a licensed pharmacist. One pharmacist may not supervise more than four pharmacy technicians at a time; at least two of these four technicians must be state certified. If a pharmacist supervises only one or two pharmacy technicians, these technicians are not required to be state certified. Pharmacy technicians do not include personnel in the prescription area performing only clerical functions, including data entry up to the point of dispensing, as defined in Section 40-43-30(14).

TN — Up to 4:1 if two technicians are certified.

TX — 6:1. A maximum of three of the six can be pharmacy technician trainees.

UT — Pharmacist determined for licensed pharmacy technicians, only one technician-in-training per supervising pharmacist.

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NABP
National Association of Boards of Pharmacy

Report of the Task Force to

CREATE AN INDUSTRY STANDARD FOR PHARMACY TECHNICIAN SCOPE OF PRACTICE AND ENTRY-LEVEL REQUIREMENTS TO SUPPORT INTERSTATE PORTABILITY

NABP

Report of the Task Force to Create an Industry Standard for Pharmacy Technician Scope of Practice and Entry-Level Requirements to Support Interstate Portability

Members Present

Diane Halvorson (ND), *chair*; Lee Ann Bundrick (SC); Robert Carpenter (VT); Todd Dear (MS); Rick Fernandez (TX); Shauna Gerwing (SK); Christopher Harlow (KY); Julie Lanza (MA); William "Bill" Lee (VA); Brenda McCrady (AR); Kevin Mitchell (OH); Seung Oh (CA); Jeenu Philip (FL); Denise Scarpelli (IL); Shuler Spigener (SC); Christian Tadrus (MO).

Others Present

Traci Collier, *Executive Committee liaison;* Ryan Burke, Pharmacy Technician Certification Board (PTCB); *guest*; Lemrey "Al" Carter, Melissa Becker, Andrew Funk, Eileen Lewalski, Gertrude "Gg" Levine, Maureen Schanck, Romy Schafer, *NABP staff*.

Introduction

The task force met on November 13-14, 2023, at NABP Headquarters in Mount Prospect, IL. This task force was established pursuant to Resolution 119-5-23, Create an Industry Standard for Pharmacy Technician Scope of Practice and Entry-Level Requirements to Support Interstate Portability, which the NABP membership passed at the 119th NABP Annual Meeting in May 2023.

Review of the Task Force Charge

Charge of the task force:

1. Review current state regulations and the industry standard recommendations;
2. Consider the expanded role pharmacy technicians assumed based on the Public Readiness and Emergency Preparedness Act (PREP Act) and state-specific state of emergency scope allowances; and
3. Amend, if necessary, the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy* (*Model Act*) accordingly.

Background and Discussion

Discussion began with a review of the task force charge and the recognition that the task force was established pursuant to Resolution 119-5-23, Create an Industry Standard for Pharmacy Technician Scope of Practice and Entry-Level Requirements to Support Interstate Portability, which was passed at the 119th Annual Meeting in May 2023 in Nashville, TN. The task force then

discussed the efforts and findings of PTCB and reviewed highlights from the PTCB meeting report, "Toward uniform standards for pharmacy technicians: Summary of the 2017 Pharmacy Technician Stakeholder Consensus Conference." Participants in that meeting concluded that, 1. the profession should focus on entry-level standards and allow advanced-role standards to evolve over time, and 2. education and training go hand in hand. Several years ago, PTCB considered requiring accredited education and training for pharmacy technician certifications, but ultimately decided against it to avoid an undue burden for candidates. It was noted that PTCB's Pharmacy Technician Certification Exam (PTCE) has a pass rate of approximately 71% and that scores tend to be higher when candidates have taken accredited training programs as opposed to non-accredited programs. Candidates with practice experience also tend to score higher than those without. Some states require technicians to pass the PTCE.

The task force members then shared their states' current regulations pertaining to pharmacy technicians, which revealed a wide variety among the states. For instance, many states and territories (35, according to the 2023 *Survey of Pharmacy Law)* require technicians to be registered with the board, while 16 require licensure, and 25 require certification. Licensure generally carries additional requirements beyond registration to establish eligibility. Many states (30, per the *Survey*) also require criminal history checks for technicians.

Even though a handful of states have no legally required training requirements, members observed that education and certification requirements are important factors that allow technicians to perform at a higher level than they otherwise could. While a handful of states specifically require the training programs to be accredited, others accept education from non-accredited programs. In Massachusetts, for example, technicians must complete training and pass a competency exam to take part in more advanced duties as outlined in board policies.

Some members said their states have struggled with the question of whether to add a certification requirement for technicians when the technicians' duties would remain the same. Members noted that some states, such as Vermont, provide several different pathways for technicians to become certified, such as degree programs and vocational or military training, to maximize the number of candidates. Others stated that when their boards implemented a certification requirement, they included a grandfather clause for technicians with work experience.

Regarding the tasks that pharmacy technicians may perform, the task force observed that the 2020 PREP Act expanded technicians' scope of practice. The PREP Act was passed in response to the COVID-19 pandemic and empowered technicians and pharmacy interns to administer certain vaccines, tests, and treatments.

Aside from those allowed through the PREP Act, technician responsibilities vary greatly between states. Several states, including Vermont, allow technicians to perform any tasks the supervising pharmacist allows them to do other than re-delegate tasks to other personnel. As mentioned above, some states recognize and assign different duties to entry-level and advanced tiers of

technicians, such as New Hampshire, where advanced technicians must pass a jurisprudence examination. Members noted that Saskatchewan has both pharmacy technicians and pharmacy assistants, with more educational requirements and responsibilities for technicians, including supervising assistants.

Having discussed the many differences between the states, the task force examined the similarities and looked for ways to streamline license portability and to enhance technicians' status nationwide. The task force agreed on the need to outline common licensure requirements for states to adopt so as to allow for portability among the states. It was noted that once common requirements are set, states may choose to promulgate additional requirements. With this agreed upon, members sought to identify barriers in the states that would prevent establishing these common requirements as baseline standards. Some members expressed doubt that all states could agree on any one set of standards, partially because some of their requirements are written into statute and would be difficult to change. Others noted that some states already recognize national certification programs and may not want to add additional licensure requirements, which could add burdensome work to board staff. Still others noted that pressures from regulated entities that do not want additional requirements could come into play.

Members acknowledged that, in order for the boards to fulfill their primary responsibility of protecting public health, certification should be a requirement for licensure and, thus, license portability. This point raised questions about how much experience is necessary and whether the educational programs must be accredited for certification and, thus, licensure.

In addition, members discussed a national competency exam and the difficulty associated with developing such an exam because it would need to cover the many different areas of pharmacy, which may be impractical for technicians working in a specific practice setting. Others noted that pharmacists take a general practice exam yet may end up working in specific practice settings. Also noted was that developing a general practice exam is far more practical than developing different exams for different practice types.

The task force acknowledged PTCB's list of recognized training programs that teach the content that PTCB has outlined for inclusion in the curriculum. It was further noted that PTCB is performing a job task analysis to inform its exam blueprint focusing on two key areas: 1. entry-level tasks and the frequency at which the tasks are performed by technicians, and 2. the level of skill required to perform those tasks. PTCB expected to conduct a survey in December 2023 to determine whether the blueprint should be modified in 2024.

The task force recognized the need for a balance between having enough technicians in the workforce and having sufficient standards in place to protect public health. With this in mind, the task force aspired to develop a plan that the practice of pharmacy could *grow* into, rather than *fit* into, while also not setting the standards so low that everyone can meet them. The members discussed building the technician role into a career, which should enable technicians to transfer

their skills to other facilities. On the other hand, members noted that establishing too high of a threshold would reduce the number of technicians in the workforce, which could pose a public health risk.

Regarding portability, the task force considered whether to emulate a nursing compact, in which licensure in one state enables licensees to practice in other states. Members noted that a compact might work well for clusters of adjacent states where technicians might practice in more than one state but expressed doubt that it would be accepted nationwide. Again, the task force considered the baseline requirements that states should adopt to allow for technician license portability. Some members suggested that multiple avenues to eligibility should be considered; others stated that only technicians certified by one of the national technician certification organizations should be allowed to transfer their license. It was observed, however, that the eligibility requirements – eg, training, experience, background checks – for certification vary from state to state and that not all states recognize any of the national technician certification programs and may even use the term "certified pharmacy technician" when national certification is not required. As such, members noted that states may be hesitant to accept technicians from other states with less rigorous standards.

Turning its attention to the *Model Act*, the task force reviewed the definitions of "certified pharmacy technician" and "certified pharmacy technician candidate" and agreed that no changes were necessary. Next, they examined the NABP Emergency Passport Program, which "verifies pharmacists, certified pharmacy technicians, pharmacy interns, and pharmacies meet the standard of licensure and are in good standing in states of licensure in order to practice on a temporary or emergency basis." Members observed that states are more willing to lower their requirements during emergencies than they are on a regular basis, noting that the temporary status of an emergency raises the comfort level for some allowances.

In contrast to a temporary allowance, NABP Verify™ is a program that "verifies pharmacists and applicable business entities are licensed in good standing" on an *ongoing* basis. The task force deliberated whether to include technicians within the scope of NABP Verify but determined that more information is needed first. The task force recognized a need for a gap analysis to assess the states' requirements for technician education and training, noting that the 2019 Task Force on Requirements for Pharmacy Technician Education had recommended that "NABP perform a gap analysis of accreditation standards for pharmacy technician educational programs."

Members then examined *Model Act* Section 304, Qualifications for Licensure Transfer, in which Subparagraph (1) pertains to pharmacists, and recommended mirroring this language with minor changes as applicable to technicians. In order to accomplish this, they recommended adding a Subparagraph (2) that contains language enabling a certified pharmacy technician currently licensed in one jurisdiction to obtain a license as a certified pharmacy technician by licensure transfer to another. Changes included substituting "engaged in the practice of pharmacy" with "assisted in the practice of pharmacy," and leaving the age requirement and length of experience requirement blank and letting the states decide those details.

Members recognized the need for a database to house information on pharmacy technician qualifications and suggested that NABP incorporate technicians into its existing NABP e-Profile® platform and Electronic Licensure Transfer Program® (eLTP) process so that boards of pharmacy are able to make informed decisions about technicians applying for licensure transfer. Because these modifications may be affected by the NABP Bylaws, the task force agreed to have the NABP Committee on Constitution and Bylaws review the NABP Clearinghouse Participation and Licensure Transfer Requirements section with the goal of including technicians.

Recommendations

After careful review and deliberation, the task force made the following recommendations:

1. NABP should incorporate pharmacy technicians into the eLTP process.
2. The NABP Committee on Constitution and Bylaws should review the NABP Bylaws to determine whether an amendment to accommodate incorporating pharmacy technicians into the eLTP process is necessary.
3. NABP should perform a gap analysis of states' education and training requirements for pharmacy technicians.
4. NABP should amend the *Model Act* to add pharmacy technicians to Section 304, Qualifications for Licensure Transfer. The amendments recommended by the task force are denoted by underlines in the following excerpt.

NABP

Model State Pharmacy Act
and Model Rules of the
National Association of Boards of Pharmacy

August 2023

. . .

Section 105. Definitions.

. . .

(13) "Certified pharmacy technician" means personnel licensed by the board who have completed a certification program approved by the board and may, under the supervision of a pharmacist, perform certain activities involved in the practice of pharmacy that are within their scope of certification and as delegated by the pharmacist, but excluding clinical patient care activities such as, but not limited to:
- (a) drug utilization review (DUR);
- (b) clinical conflict resolution; and
- (c) patient counseling.

(14) "Certified pharmacy technician candidate" means personnel licensed by the Board who intend to complete a certification program approved by the board and may, under the supervision of a pharmacist, perform certain activities involved in the practice of pharmacy that are within their scope of education and training and as delegated by the pharmacist, but excluding clinical patient care activities such as, but not limited to:
- (a) drug utilization review (DUR);
- (b) clinical conflict resolution; and
- (c) patient counseling.

. . .

(58) "NABP Emergency Passport Program" means a program, operated by NABP, that verifies pharmacists, certified pharmacy technicians, pharmacy interns, and pharmacies meet the standard of licensure and are in good standing in states of licensure in order to practice on a temporary or emergency basis according to state public health emergency orders or as otherwise determined by the state board of pharmacy.

. . .

(60) "NABP Verify" means an ongoing credentialing and license monitoring service, operated by NABP, that verifies pharmacists and applicable business entities are licensed in good standing and provides proof of that status

. . .

Section 304. Qualifications for Licensure Transfer.[1]

(1) In order for a pharmacist currently licensed in another jurisdiction to obtain a license as a pharmacist by licensure transfer in this state, an applicant shall:[2]

(a) have submitted an application in the form prescribed by the board of pharmacy;

(b) have attained the age of 18 years;

(c) have possessed at the time of initial licensure as a pharmacist all qualifications necessary to have been eligible for licensure at that time in this state;

(d) have engaged in the practice of pharmacy for a period of at least one (1) year or have met the pharmacy practice experience requirements of this state within the one (1) year period immediately preceding the date of such application;

(e) have presented to the board proof of an active license in good standing;

(f) have presented to the board proof that any other license granted to the applicant by any other state has not been suspended, revoked, or otherwise restricted for any reason, except nonrenewal or for the failure to obtain the required continuing education credits, in any state where the applicant is currently licensed but not engaged in the practice of pharmacy; and

(g) have paid the fees specified by the board.

(2) In order for a certified pharmacy technician currently licensed in another jurisdiction to obtain a license as a certified pharmacy technician by licensure transfer in this state, an applicant shall:

(a) have submitted an application in the form prescribed by the board of pharmacy;

(b) have attained the age of years;

(c) have possessed at the time of transfer all qualifications necessary to be eligible for licensure in this state;

(d) have assisted in the practice of pharmacy for a period of at least or have met the experience requirements of this state;

(e) have presented to the board proof of an active license in good standing;

(f) have presented to the board proof that any other license granted to the applicant by any other state has not been suspended, revoked, or otherwise restricted for any reason, except nonrenewal or for the failure to obtain the required continuing

[1] See the NABP Model Rules for Public Health Emergencies or Significant Public Health Concerns for language that addresses the temporary recognition of nonresident pharmacist licensure in the case of a declared state of emergency issued due to a public health emergency.

[2] It is intended that NABP's National Disciplinary Clearinghouse would be utilized by state boards for verifying information provided by applicants.

education credits, in any state where the applicant is currently licensed but not assisted in the practice of pharmacy; and

(g) have paid the fees specified by the board.

DRAFT

Virginia's Pharmacy Technician Workforce: 2023

Healthcare Workforce Data Center

February 2024

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Get a copy of this report from:
https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

Nearly 11,000 Pharmacy Technicians voluntarily participated in this survey. *Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Pharmacy express our sincerest appreciation for their ongoing cooperation.*

Thank You!

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The Pharmacy Technician Workforce At a Glance:

The Workforce

Registrants:	13,659
Trainees*:	8,063
Virginia's Workforce:	12,535
FTEs:	9,754

Survey Response Rate

All Registrants:	79%
Renewing Practitioners:	99%

Demographics

Female:	85%
Diversity Index:	61%

Background

Rural Childhood:	40%
HS Degree in VA:	74%
% Work Non-Metro:	13%

Education

High School/GED:	56%
Associate Degree:	21%

Finances

Median Income:	$35k-$40k
Health Insurance:	59%

Current Employment

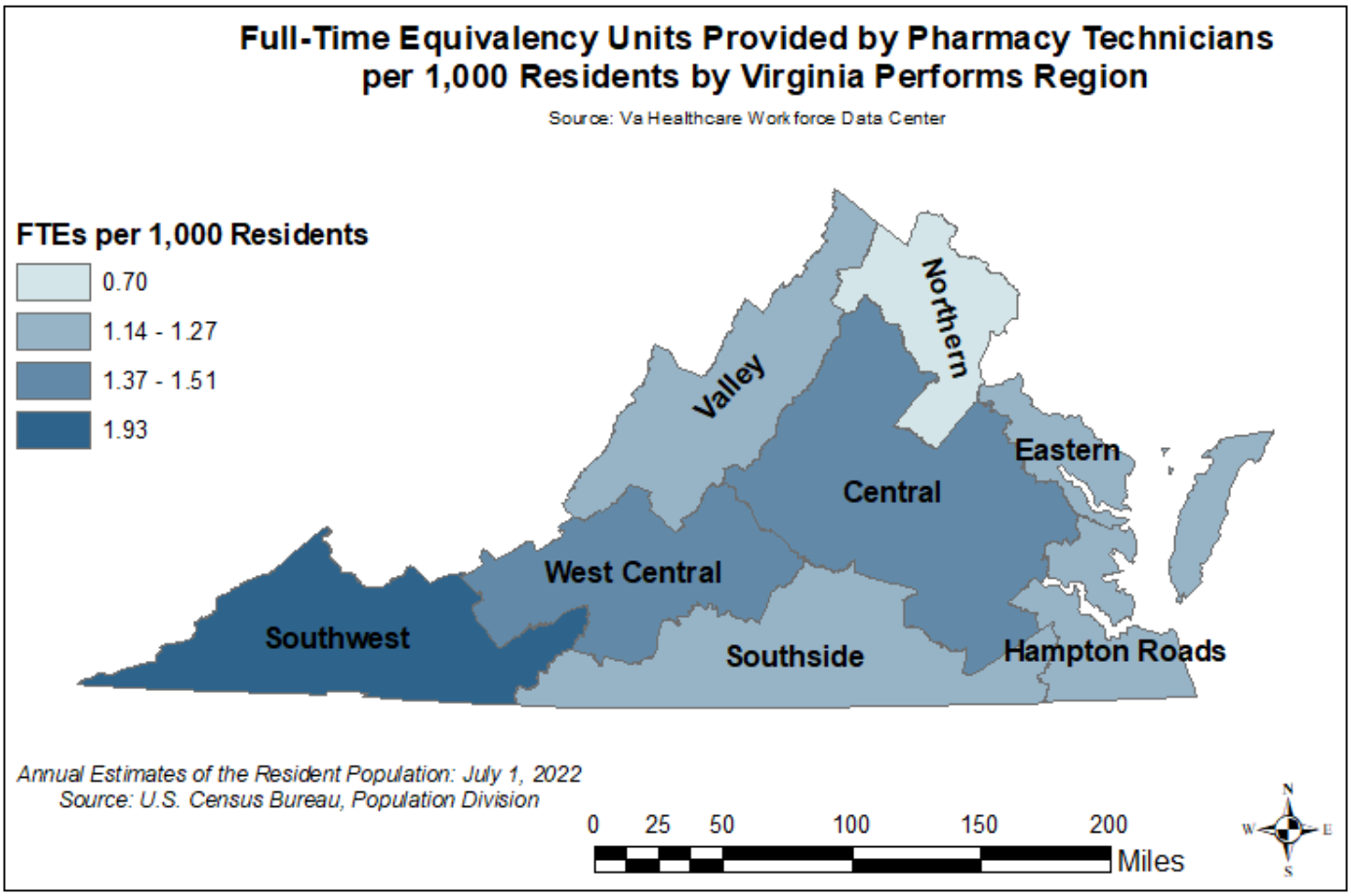
Employed in Prof.:	82%
Hold 1 Full-Time Job:	70%
Satisfied?:	90%

Job Turnover

Switched Jobs:	5%
Employed Over 2 Yrs.:	52%

Primary Roles

Medication Disp.:	54%
Administration:	6%



*The survey was not available to Pharmacy Technician Trainees.

Results in Brief

This report contains the results of the 2023 Pharmacy Technician Workforce survey. A total of 10,854 pharmacy technicians voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the registration renewal process, which takes place every December for pharmacy technicians. These survey respondents represent 79% of the 13,659 pharmacy technicians who are registered in the state and 99% of renewing practitioners. Additionally, there were 8,063 pharmacy technician trainees registered with the department of health professions.

The HWDC estimates that 12,535 pharmacy technicians participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's pharmacy technician workforce provided 9,754 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Among all pharmacy technicians, 85% are female. In addition, the median age of this workforce is 37. In a random encounter between two pharmacy technicians, there is a 61% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 65% for those pharmacy technicians who are under the age of 40. For Virginia's overall population, the comparable diversity index is 60%. Two out of every five pharmacy technicians grew up in a rural area, and 27% of pharmacy technicians who grew up in a rural area currently work in a non-metro area of Virginia. In total, 13% of all pharmacy technicians work in a non-metro area.

More than four out of every five pharmacy technicians are currently employed in the profession, 70% hold one full-time position, and 52% work between 40 and 49 hours per week. More than seven out of every ten pharmacy technicians work in the for-profit sector, and another 17% are employed in the non-profit sector. The median annual income for pharmacy technicians is between $35,000 and $40,000, and 90% of pharmacy technician receive this income in the form of an hourly wage. Nine out of every ten pharmacy technicians indicated that they are satisfied with their current work situation, including 49% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2013 pharmacy technician workforce. The number of registered pharmacy technicians has decreased by 4% (13,659 vs. 14,262). The size of Virginia's pharmacy technician workforce has fallen by 6% (12,535 vs. 13,404), while the number of FTEs provided by this workforce has fallen by 9% (9,754 vs. 10,703). Renewing pharmacy technicians are more likely to respond to the survey (99% vs. 91%).

The percentage of pharmacy technicians who are female has increased (85% vs. 84%), and the median age of this workforce has risen (37 vs. 34). The diversity index of this workforce has increased as well (61% vs. 57%), a trend that has also occurred among those who are under the age of 40 (65% vs. 61%). The percentage of pharmacy technicians who grew up in a rural area has declined (40% vs. 41%), and pharmacy technicians who grew up in a rural area are less likely to work in a non-metro area (27% vs. 28%). In total, the percentage of all pharmacy technicians who work in a non-metro county has declined (13% vs. 15%). Pharmacy technicians are relatively more likely to hold either an associate degree (21% vs. 20%) or a baccalaureate degree (19% vs. 18%) as their highest professional degree than a high school degree/GED (56% vs. 59%). Although pharmacy technicians are less likely to hold education debt (36% vs. 38%), the median outstanding balance among those with education debt has increased ($18k-$20k vs. $10k-$12k).

Pharmacy technicians are more likely to work in the profession (82% vs. 79%), hold one full-time position (70% vs. 61%), and work between 40 and 49 hours per week (52% vs. 39%). Pharmacy technicians are relatively more likely to work in the non-profit sector (17% vs. 13%) than in the for-profit sector (72% vs. 76%). In addition, pharmacy technicians are relatively more likely to work in the inpatient or outpatient department of a hospital (25% vs. 18%) than in a large chain community pharmacy (29% vs. 35%). The median annual income of pharmacy technicians has increased ($35k-$40k vs. $20k-$22.5k), and pharmacy technicians are also more likely to receive at least one employer-sponsored benefit (78% vs. 74%). Pharmacy technicians are more likely to indicate that they are satisfied with their current work situation (90% vs. 89%), including those who indicated that they are "very satisfied" (49% vs. 47%).

A Closer Look:

Registrant Counts		
Registration Status	**#**	**%**
Renewing Practitioners	10,370	76%
New Registrants	1,346	10%
Non-Renewals	1,943	14%
All Registrants	**13,659**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing pharmacy technicians, 99% submitted a survey. These represent 79% of the 13,659 pharmacy technicians who were registered at some point in 2023.

Definitions

1. **The Survey Period:** The survey was conducted in December 2023.
2. **Target Population:** All professionals who held a Virginia registration at some point in 2023.
3. **Survey Population:** The survey was available to those who renewed their registration online. It was not available to those who did not renew, including some professionals newly registered in 2023.

Response Rates			
Statistic	**Non Respondents**	**Respondents**	**Response Rate**
By Age			
Under 30	1,155	2,615	69%
30 to 34	449	1,669	79%
35 to 39	360	1,546	81%
40 to 44	243	1,291	84%
45 to 49	166	1,019	86%
50 to 54	148	1,009	87%
55 to 59	100	758	88%
60 and Over	184	947	84%
Total	**2,805**	**10,854**	**80%**
New Registrations			
Issued in 2023	784	562	42%
Metro Status			
Non-Metro	332	1,608	83%
Metro	2,038	8,471	81%
Not in Virginia	435	775	64%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	**10,854**
Response Rate, All Registrants	**79%**
Response Rate, Renewals	**99%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Registered Pharmacy Tech.

Number:	13,659
New:	10%
Not Renewed:	14%

Survey Response Rates

All Registrants:	79%
Renewing Practitioners:	99%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Pharmacy Tech. Workforce:	12,535
FTEs:	9,754

Utilization Ratios

Registrants in VA Workforce:	92%
Registrants per FTE:	1.40
Workers per FTE:	1.29

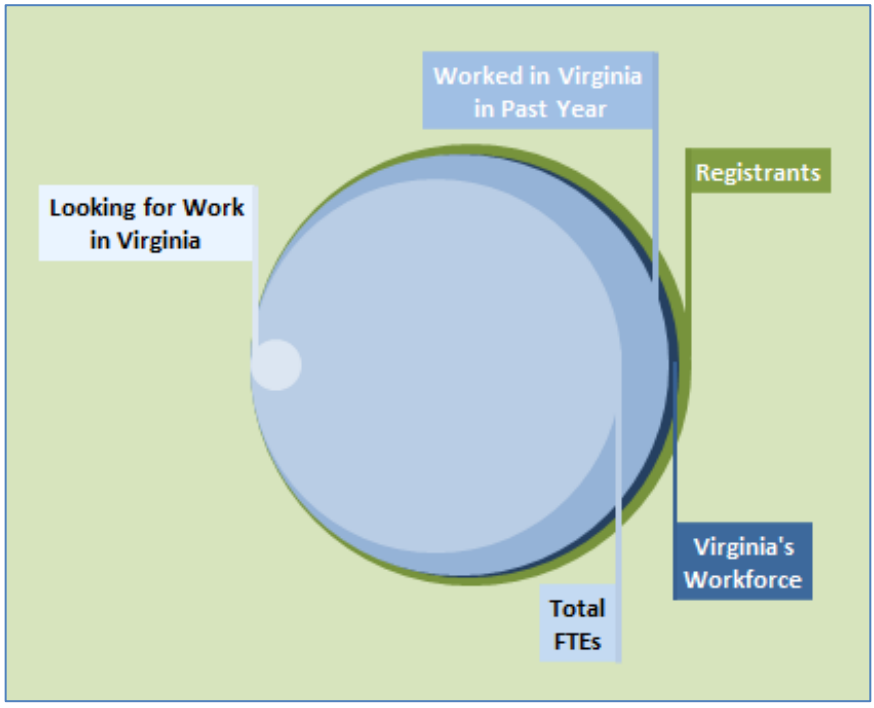
Source: Va. Healthcare Workforce Data Center

Definitions

1. **Virginia's Workforce:** A registrant with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Registrants in VA Workforce:** The proportion of registrants in Virginia's Workforce.
4. **Registrants per FTE:** An indication of the number of registrants needed to create 1 FTE. Higher numbers indicate lower registrant participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Pharmacy Tech. Workforce		
Status	**#**	**%**
Worked in Virginia in Past Year	12,343	98%
Looking for Work in Virginia	191	2%
Virginia's Workforce	**12,535**	**100%**
Total FTEs	**9,754**	
Registrants	**13,659**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia workforce only. For more information on the HWDC's methodology, visit: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	558	18%	2,610	82%	3,168	30%
30 to 34	264	16%	1,356	84%	1,620	16%
35 to 39	187	13%	1,220	87%	1,407	14%
40 to 44	136	12%	958	88%	1,094	11%
45 to 49	138	16%	723	84%	860	8%
50 to 54	98	12%	739	88%	837	8%
55 to 59	81	13%	549	87%	629	6%
60 and Over	97	12%	686	88%	783	8%
Total	**1,557**	**15%**	**8,840**	**85%**	**10,398**	**100%**

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	Pharmacy Tech.		Pharmacy Tech. Under 40	
	%	#	%	#	%
White	59%	5,949	57%	3,288	53%
Black	18%	2,342	22%	1,453	23%
Asian	7%	958	9%	556	9%
Other Race	1%	132	1%	76	1%
Two or More Races	5%	443	4%	340	5%
Hispanic	10%	668	6%	510	8%
Total	**100%**	**10,492**	**100%**	**6,223**	**100%**

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2022.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	85%
% Under 40 Female:	84%

Age

Median Age:	37
% Under 40:	60%
% 55 and Over:	14%

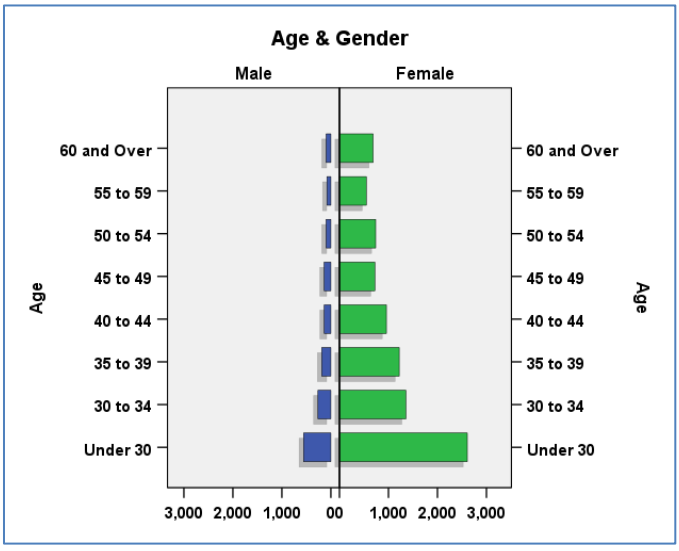
Diversity

Diversity Index:	61%
Under 40 Div. Index:	65%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two professionals, there is a 61% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's overall population, the comparable diversity index is 60%.

Among the 60% of pharmacy technicians who are under the age of 40, 84% are female. In addition, the diversity index among pharmacy technicians who are under the age of 40 is 65%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	19%
Rural Childhood:	40%

Virginia Background

HS in Virginia:	74%
HS in VA, Past 5 Years:	71%

Location Choice

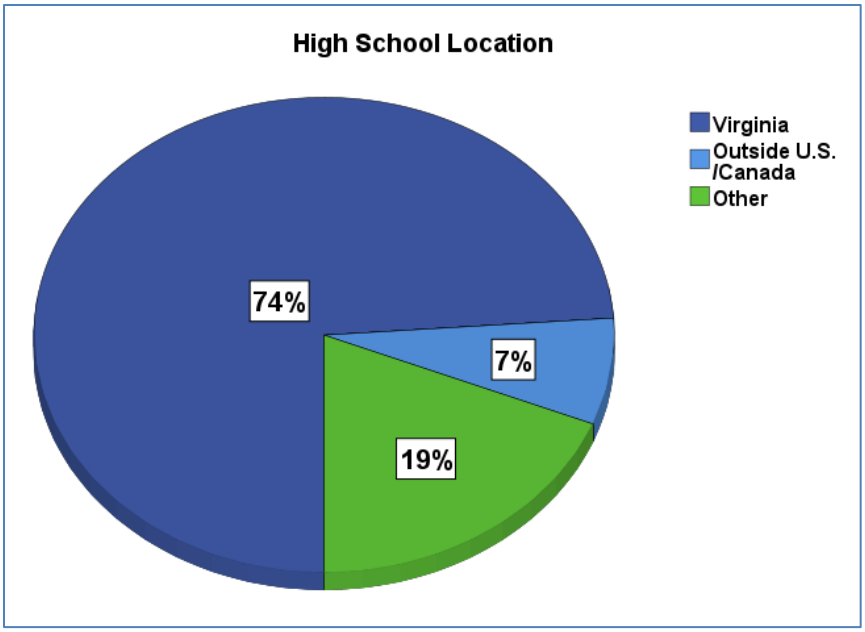
% Work Non-Metro:	13%
% Rural to Non-Metro:	27%
% Urban/Suburban to Non-Metro:	4%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 Million+	24%	52%	25%
2	Metro, 250,000 to 1 Million	58%	30%	12%
3	Metro, 250,000 or Less	63%	28%	10%
	Non-Metro Counties			
4	Urban, Pop. 20,000+, Metro Adjacent	64%	24%	12%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	78%	17%	5%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	93%	6%	1%
8	Rural, Metro Adjacent	87%	8%	5%
9	Rural, Non-Adjacent	75%	18%	8%
	Overall	**40%**	**42%**	**19%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Among all pharmacy technicians, 40% grew up in a self-described rural area, and 27% of pharmacy technicians who grew up in a rural area currently work in a non-metro county. In total, 13% of all pharmacy technicians are employed in a non-metro area of the state.

Top Ten States for Pharmacy Technician Recruitment

Rank	High School Location			
	All Pharmacy Technicians	#	Registered in the Past Five Years	#
1	Virginia	7,598	Virginia	2,801
2	Outside U.S./Canada	746	Outside U.S./Canada	273
3	Maryland	213	Maryland	118
4	North Carolina	166	North Carolina	87
5	New York	146	Florida	69
6	Florida	137	West Virginia	51
7	West Virginia	133	New York	51
8	Pennsylvania	118	California	46
9	California	111	Pennsylvania	46
10	New Jersey	85	Texas	45

Source: Va. Healthcare Workforce Data Center

Among all pharmacy technicians, 74% received their high school diploma in Virginia. Among those pharmacy technicians who obtained their initial registration in the past five years, 71% received their high school degree in the state.

In total, 8% of Virginia's registered pharmacy technicians did not participate in the state's workforce in 2023. However, 81% of these professionals worked at some point in the past year, including 63% who currently work as pharmacy technicians.

At a Glance:

Not in VA Workforce

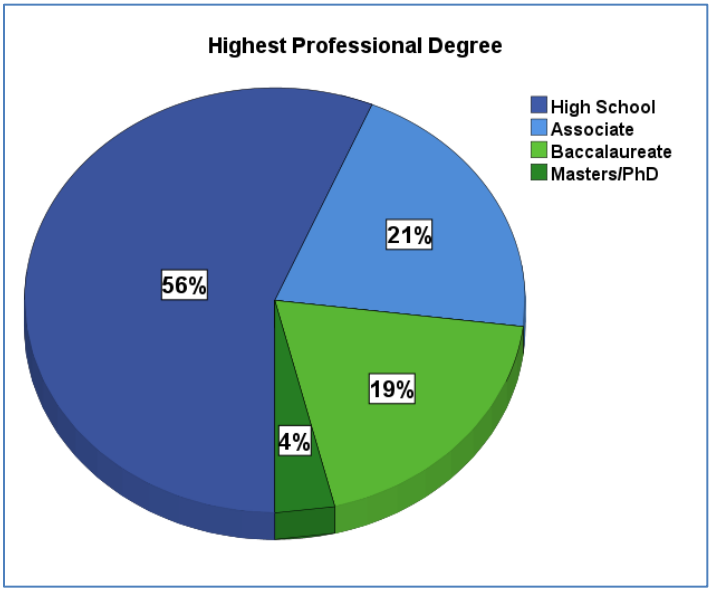
Total:	1,121
% of Registrants:	8%
Federal/Military:	4%
VA Border State/DC:	27%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	**#**	**%**
High School/GED	5,715	56%
Associate	2,091	21%
Baccalaureate	1,944	19%
Masters	348	3%
PhD	43	0%
Total	**10,141**	**100%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than one-third of all pharmacy technicians currently carry education debt, including 46% of those pharmacy technicians who are under the age of 40. For those pharmacy technicians with education debt, the median outstanding balance is between $18,000 and $20,000.

At a Glance:

Education

High School/GED: 56%
Associate Degree: 21%

Education Debt

Carry Debt: 36%
Under Age 40 w/ Debt: 46%
Median Debt: $18k-$20k

Source: Va. Healthcare Workforce Data Center

Among all pharmacy technicians, 56% hold either a high school degree or a GED as their highest professional degree.

Education Debt				
Amount Carried	**All Pharm. Tech.**		**Pharm. Tech. Under 40**	
	#	**%**	**#**	**%**
None	4,951	64%	2,488	54%
Less than $10,000	877	11%	687	15%
$10,000-$19,999	575	7%	433	9%
$20,000-$29,999	424	5%	324	7%
$30,000 or More	917	12%	636	14%
Total	**7,744**	**100%**	**4,568**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Top Certifications

PTCB:	64%
ExCPT:	12%
Total w/ Cert.:	76%

National Certifications

Required:	63%
Pay Raise w/ Cert.:	46%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Professional Certifications		
Certification	**#**	**% of Workforce**
Pharmacy Technician Certification Board (PTCB)	7,974	64%
Exam for Certification of Pharmacy Technicians (ExCPT)	1,500	12%
Total with Certification	**9,474**	**76%**

Source: Va. Healthcare Workforce Data Center

More than three-quarters of Virginia's pharmacy technician workforce holds a professional certification, including 64% who hold a Pharmacy Technician Certification Board (PTCB) credential.

Among all pharmacy technicians, 63% work for an employer that requires a national certification as a condition of employment. In addition, 46% of pharmacy technicians have received an increase in pay after having obtained a national certification.

National Certifications		
Required for Employment?	**#**	**%**
Yes	6,281	63%
No	3,766	37%
Pay Raise with Certification?	**#**	**%**
Yes	4,291	46%
No	4,634	50%
No Certification Held	423	5%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 82%
Involuntarily Unemployed: 1%

Positions Held

1 Full-Time: 70%
2 or More Positions: 9%

Weekly Hours:

40 to 49: 52%
60 or More: 3%
Less than 30: 14%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	**#**	**%**
Employed, Capacity Unknown	18	< 1%
Employed in a Pharmacy Technician-Related Capacity	8,321	82%
Employed, NOT in a Pharmacy Technician-Related Capacity	1,472	15%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	73	1%
Voluntarily Unemployed	245	2%
Retired	38	< 1%
Total	**10,167**	**100%**

Source: Va. Healthcare Workforce Data Center

Among all pharmacy technicians, 82% are currently employed in the profession, 70% hold one full-time job, and 52% work between 40 and 49 hours per week.

Current Positions		
Positions	**#**	**%**
No Positions	356	4%
One Part-Time Position	1,710	17%
Two Part-Time Positions	136	1%
One Full-Time Position	7,010	70%
One Full-Time Position & One Part-Time Position	705	7%
Two Full-Time Positions	27	0%
More than Two Positions	34	0%
Total	**9,978**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	**#**	**%**
0 Hours	356	4%
1 to 9 Hours	242	2%
10 to 19 Hours	475	5%
20 to 29 Hours	689	7%
30 to 39 Hours	2,260	23%
40 to 49 Hours	5,036	52%
50 to 59 Hours	358	4%
60 to 69 Hours	103	1%
70 to 79 Hours	68	1%
80 or More Hours	151	2%
Total	**9,738**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	**#**	**%**
Volunteer Work Only	77	2%
Less than $10,000	314	7%
$10,000-$14,999	170	4%
$15,000-$19,999	183	4%
$20,000-$24,999	282	6%
$25,000-$29,999	353	8%
$30,000-$34,999	568	13%
$35,000-$39,999	613	14%
$40,000-$44,999	641	15%
$45,000-$49,999	454	10%
$50,000 or More	722	17%
Total	**4,377**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Annual Income
Median Income: $35k-$40k

Benefits
Health Insurance: 59%
Retirement: 56%

Satisfaction
Satisfied: 90%
Very Satisfied: 49%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	**#**	**%**
Very Satisfied	4,880	49%
Somewhat Satisfied	4,093	41%
Somewhat Dissatisfied	719	7%
Very Dissatisfied	288	3%
Total	**9,980**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical pharmacy technician earns between $35,000 and $40,000 per year. In addition, 78% of all pharmacy technicians receive at least one employer-sponsored benefit, including 59% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	**#**	**%**	**% of Wage/Salary Employees**
Paid Leave	5,356	64%	61%
Health Insurance	4,945	59%	56%
Dental Insurance	4,819	58%	54%
Retirement	4,699	56%	53%
Group Life Insurance	2,875	35%	32%
Signing/Retention Bonus	695	8%	8%
At Least One Benefit	**6,472**	**78%**	**73%**

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In The Past Year, Did You . . .?	**#**	**%**
Experience Involuntary Unemployment?	106	1%
Experience Voluntary Unemployment?	378	3%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	309	2%
Work Two or More Positions at the Same Time?	1,210	10%
Switch Employers or Practices?	627	5%
Experience At Least One?	**2,225**	**18%**

Source: Va. Healthcare Workforce Data Center

Only 1% of pharmacy technicians were involuntarily unemployed at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 2.9%.[1]

Location Tenure				
Tenure	**Primary**		**Secondary**	
	#	**%**	**#**	**%**
Not Currently Working at This Location	244	3%	211	13%
Less than 6 Months	873	9%	216	13%
6 Months to 1 Year	1,145	12%	225	13%
1 to 2 Years	2,252	24%	335	20%
3 to 5 Years	2,117	23%	299	18%
6 to 10 Years	1,238	13%	182	11%
More than 10 Years	1,524	16%	205	12%
Subtotal	**9,394**	**100%**	**1,674**	**100%**
Did Not Have Location	538		10,639	
Item Missing	2,603		222	
Total	**12,535**		**12,535**	

Source: Va. Healthcare Workforce Data Center

Nine out of every ten pharmacy technicians receive an hourly wage at their primary work location.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 5%
New Location: 26%
Over 2 Years: 52%
Over 2 Yrs., 2nd Location: 41%

Employment Type

Hourly Wage: 90%
Salary/Commission: 9%

Source: Va. Healthcare Workforce Data Center

More than half of all pharmacy technicians have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	**#**	**%**
Salary/Commission	694	9%
Hourly Wage	7,311	90%
By Contract/Per Diem	46	1%
Business/Practice Income	12	0%
Unpaid	55	1%
Subtotal	**8,118**	**100%**

Source: Va. Healthcare Workforce Data Center

[1] As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.5% and a high of 3.3%. The unemployment rate from December 2023 was still preliminary at the time of publication.

At a Glance:

Concentration

Top Region:	24%
Top 3 Regions:	68%
Lowest Region:	2%

Locations

2 or More (Past Year):	20%
2 or More (Now*):	16%

Source: Va. Healthcare Workforce Data Center

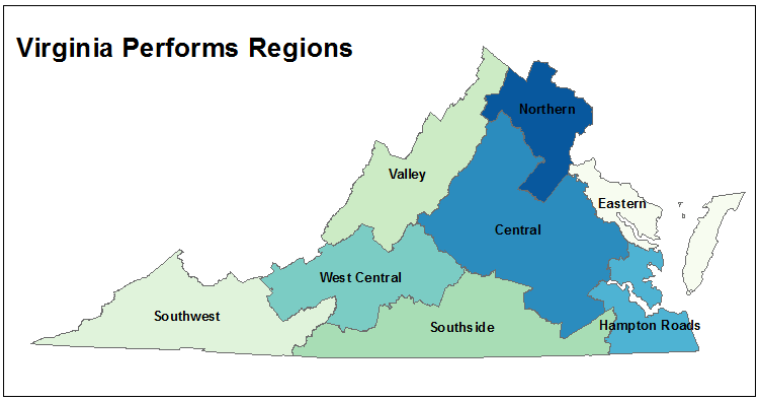
More than two-thirds of all pharmacy technicians work in Central Virginia, Northern Virginia, and Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	2,257	24%	364	20%
Eastern	184	2%	40	2%
Hampton Roads	2,027	22%	424	24%
Northern	2,057	22%	415	23%
Southside	384	4%	70	4%
Southwest	673	7%	108	6%
Valley	590	6%	85	5%
West Central	1,068	11%	216	12%
Virginia Border State/D.C.	22	0%	22	1%
Other U.S. State	30	0%	48	3%
Outside of the U.S.	1	0%	2	0%
Total	**9,293**	**100%**	**1,794**	**100%**
Item Missing	2,704		102	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Number of Work Locations

Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	190	2%	355	4%
1	7,473	78%	7,687	81%
2	1,228	13%	1,005	11%
3	525	6%	429	5%
4	41	0%	25	0%
5	18	0%	11	0%
6 or More	56	1%	21	0%
Total	**9,532**	**100%**	**9,532**	**100%**

*At the time of survey completion, December 2023.

Source: Va. Healthcare Workforce Data Center

Among all pharmacy technicians, 16% currently have multiple work locations, while 20% have had multiple work locations over the past year.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	6,391	72%	1,119	73%
Non-Profit	1,514	17%	256	17%
State/Local Government	588	7%	101	7%
Veterans Administration	81	1%	9	1%
U.S. Military	147	2%	31	2%
Other Federal Gov't	108	1%	23	1%
Total	**8,829**	**100%**	**1,539**	**100%**
Did Not Have Location	538		10,639	
Item Missing	3,168		358	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

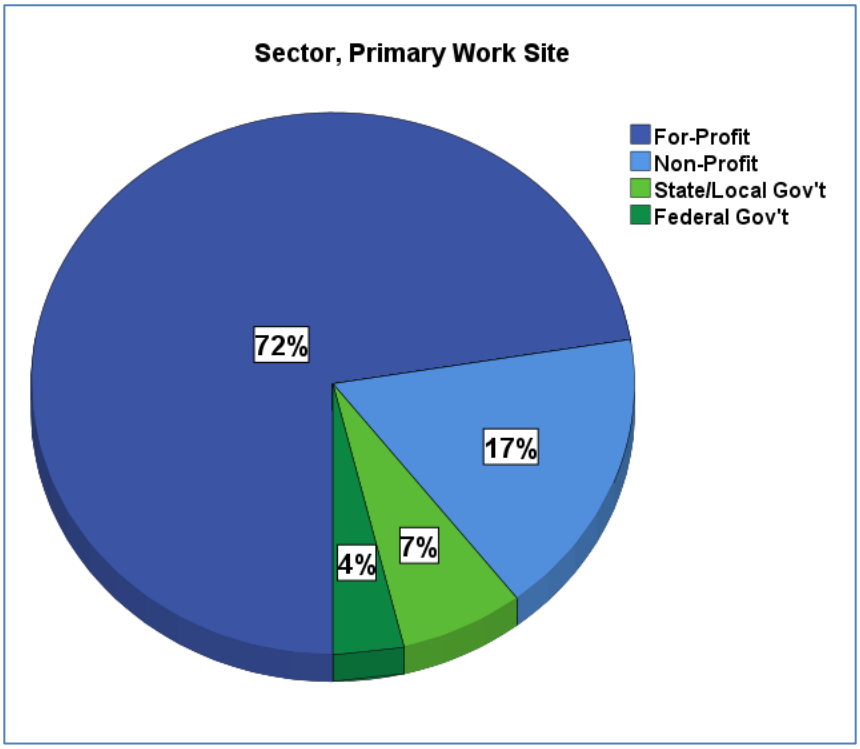
For-Profit: 72%
Federal: 4%

Top Establishments

Large Chain Pharmacy (11+ Stores): 29%
Hospital/Health System (Inpatient): 16%
Independent Community Pharmacy (1-4 Stores): 10%

Source: Va. Healthcare Workforce Data Center

Nine out of every ten pharmacy technicians work in the private sector, including 72% who work in the for-profit sector. Another 7% of pharmacy technicians work for a state or local government.



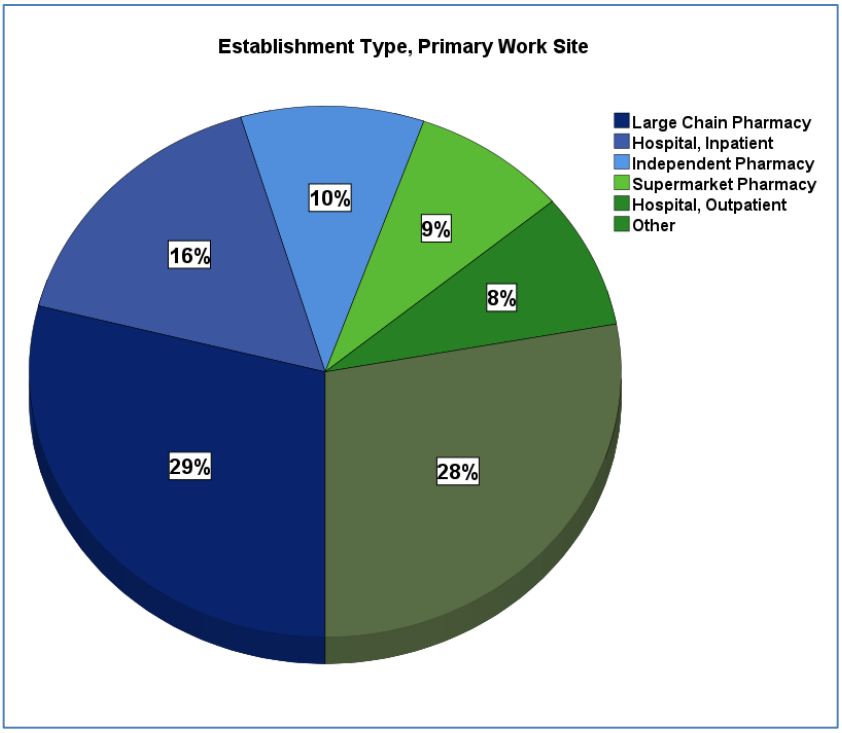
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Large Chain Community Pharmacy (11+ Stores)	2,537	29%	504	34%
Hospital/Health System, Inpatient Department	1,435	16%	200	14%
Independent Community Pharmacy (1-4 Stores)	877	10%	130	9%
Supermarket Pharmacy	745	9%	131	9%
Hospital/Health System, Outpatient Department	717	8%	74	5%
Mass Merchandiser (i.e., Big Box Store)	320	4%	54	4%
Nursing Home/Long-Term Care	316	4%	45	3%
Pharmacy Benefit Administration (e.g., PBM, Managed Care)	280	3%	17	1%
Clinic-Based Pharmacy	263	3%	37	2%
Mail Service Pharmacy	168	2%	29	2%
Home Health/Infusion	133	2%	17	1%
Small Chain Community Pharmacy (5-10 Stores)	102	1%	21	1%
Academic Institution	72	1%	27	2%
Other	786	9%	195	13%
Total	**8,751**	**100%**	**1,481**	**100%**
Did Not Have Location	538		10,639	

Source: Va. Healthcare Workforce Data Center

Nearly three out of every ten pharmacy technicians in Virginia work in a large chain community pharmacy, while another 16% work in the inpatient department of a hospital.

For pharmacy technicians who also have a secondary work location, 34% work in a large chain community pharmacy, while 14% work in the inpatient department of a hospital.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Languages Offered

Spanish:	17%
Arabic:	8%
Vietnamese:	7%

Means of Communication

Virtual Translation:	38%
Other Staff Member:	32%
Respondent:	32%

Source: Va. Healthcare Workforce Data Center

Nearly one out of every five pharmacy technicians are employed at a primary work location that offers Spanish language services for patients.

A Closer Look:

Languages Offered		
Language	**#**	**% of Workforce**
Spanish	2,093	17%
Arabic	954	8%
Vietnamese	905	7%
Hindi	849	7%
Chinese	848	7%
Korean	838	7%
French	826	7%
Tagalog/Filipino	813	6%
Persian	648	5%
Urdu	645	5%
Amharic, Somali, or Other Afro-Asiatic Languages	534	4%
Pashto	532	4%
Others	413	3%
At Least One Language	**2,867**	**23%**

Source: Va. Healthcare Workforce Data Center

Means of Language Communication		
Provision	**#**	**% of Workforce with Language Services**
Virtual Translation Service	1,078	38%
Other Staff Member is Proficient	915	32%
Respondent is Proficient	906	32%
Onsite Translation Service	617	22%
Other	201	7%

Source: Va. Healthcare Workforce Data Center

Nearly two out of every five pharmacy technicians who are employed at a primary work location that offers language services for patients provide it by means of a virtual translation service.

At a Glance:
(Primary Locations)

Typical Time Allocation

Medication Disp.:	60%-69%
Administration:	10%-19%
Teaching:	1%-9%

Roles

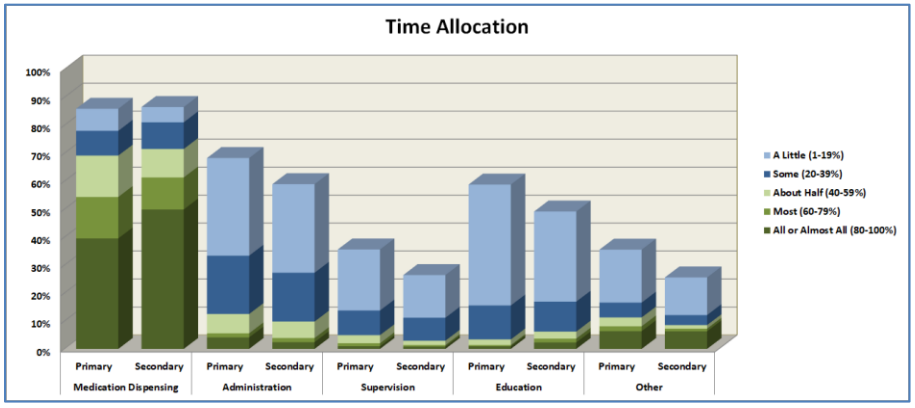
Medication Disp.:	54%
Administration:	6%
Supervision:	2%
Education:	1%

Patient Care Pharm. Tech.

Median Admin. Time:	1%-9%
Avg. Admin. Time:	1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

More than half of all pharmacy technicians fill a medication dispensing and customer service role, defined as spending 60% or more of their time in that activity.

Time Allocation										
Time Spent	Medication Disp.		Admin.		Supervision		Education		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	40%	50%	4%	2%	1%	1%	1%	2%	6%	6%
Most (60-79%)	15%	11%	1%	1%	1%	1%	0%	1%	2%	1%
About Half (40-59%)	15%	10%	7%	6%	3%	2%	2%	3%	3%	1%
Some (20-39%)	9%	10%	21%	17%	9%	8%	12%	11%	5%	4%
A Little (1-19%)	8%	5%	35%	32%	22%	15%	43%	32%	19%	13%
None (0%)	14%	14%	32%	41%	64%	74%	41%	51%	64%	74%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All		50 and Over	
	#	%	#	%
Under Age 50	1,685	22%	-	-
50 to 54	404	5%	23	1%
55 to 59	448	6%	104	6%
60 to 64	1,234	16%	395	23%
65 to 69	1,973	26%	695	41%
70 to 74	536	7%	234	14%
75 to 79	145	2%	52	3%
80 and Over	105	1%	28	2%
I Do Not Intend to Retire	999	13%	150	9%
Total	**7,529**	**100%**	**1,681**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Pharmacy Technicians

Under 65: 50%

Under 60: 34%

Pharm. Tech. 50 and Over

Under 65: 31%

Under 60: 8%

Time Until Retirement

Within 2 Years: 5%

Within 10 Years: 15%

Half the Workforce: By 2048

Source: Va. Healthcare Workforce Data Center

One half of all pharmacy technicians expect to retire by the age of 65. Among pharmacy technicians who are age 50 and over, 31% expect to retire by the age of 65.

Within the next two years, 19% of all pharmacy technicians expect to pursue additional educational opportunities, and 6% expect to increase their patient care hours.

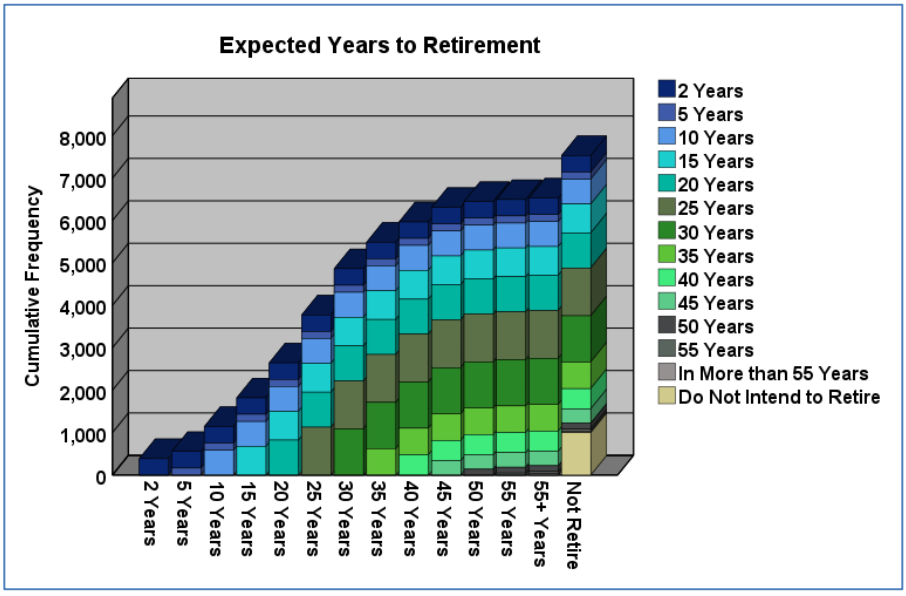
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	991	8%
Leave Virginia	462	4%
Decrease Patient Care Hours	224	2%
Decrease Teaching Hours	134	1%
Increase Participation		
Increase Patient Care Hours	803	6%
Increase Teaching Hours	699	6%
Pursue Additional Education	2,410	19%
Return to the Workforce	103	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for pharmacy technicians. While 5% of pharmacy technicians expect to retire in the next two years, 15% expect to retire within the next ten years. Half of the current workforce expect to retire by 2048.

Time to Retirement			
Expect to Retire Within. . .	**#**	**%**	**Cumulative %**
2 Years	388	5%	5%
5 Years	167	2%	7%
10 Years	587	8%	15%
15 Years	679	9%	24%
20 Years	825	11%	35%
25 Years	1,129	15%	50%
30 Years	1,089	14%	65%
35 Years	626	8%	73%
40 Years	478	6%	79%
45 Years	340	5%	84%
50 Years	138	2%	86%
55 Years	49	1%	86%
In More than 55 Years	34	0%	87%
Do Not Intend to Retire	999	13%	100%
Total	**7,529**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2043. Retirement will peak at 15% of the current workforce around 2048 before declining to below 10% of the current workforce again around 2058.

At a Glance:

FTEs

Total:	9,754
FTEs/1,000 Residents[2]:	1.123
Average:	0.81

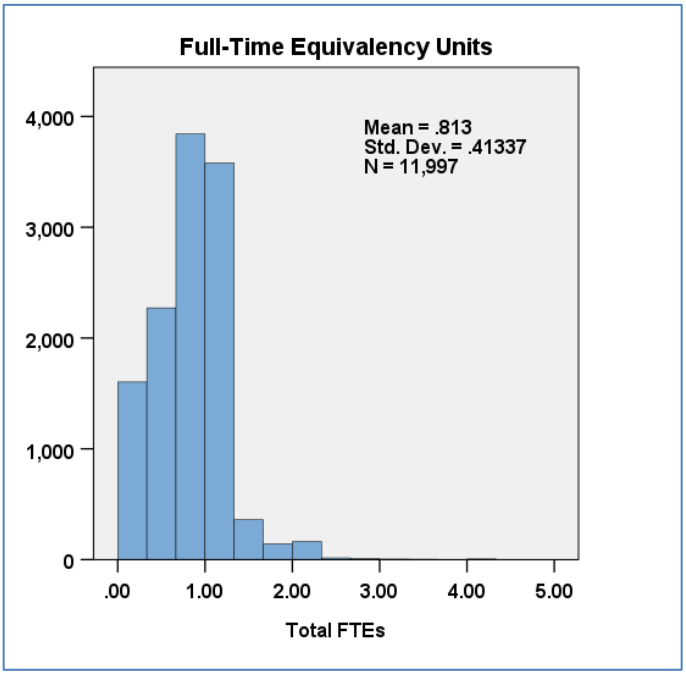
Age & Gender Effect

Age, *Partial Eta*^{2}:	Small
Gender, *Partial Eta*^{2}:	Negligible

Partial Eta^2 *Explained:*
Partial Eta^2 is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

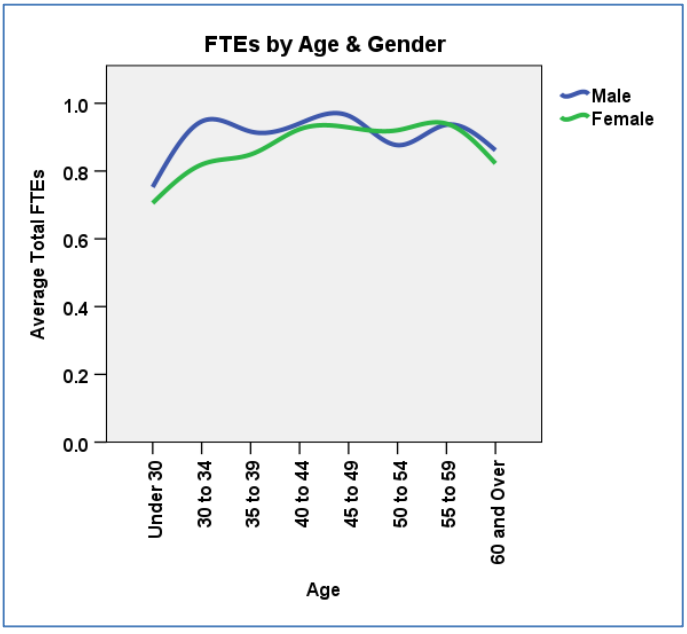


Source: Va. Healthcare Workforce Data Center

The typical pharmacy technician provided 0.83 FTEs in 2023, or approximately 33 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.[3]

Full-Time Equivalency Units		
	Average	Median
Age		
Under 30	0.70	0.63
30 to 34	0.82	0.77
35 to 39	0.83	0.78
40 to 44	0.94	1.01
45 to 49	0.86	0.91
50 to 54	0.87	0.90
55 to 59	0.92	0.93
60 and Over	0.80	0.74
Gender		
Male	0.86	0.93
Female	0.83	0.91

Source: Va. Healthcare Workforce Data Center

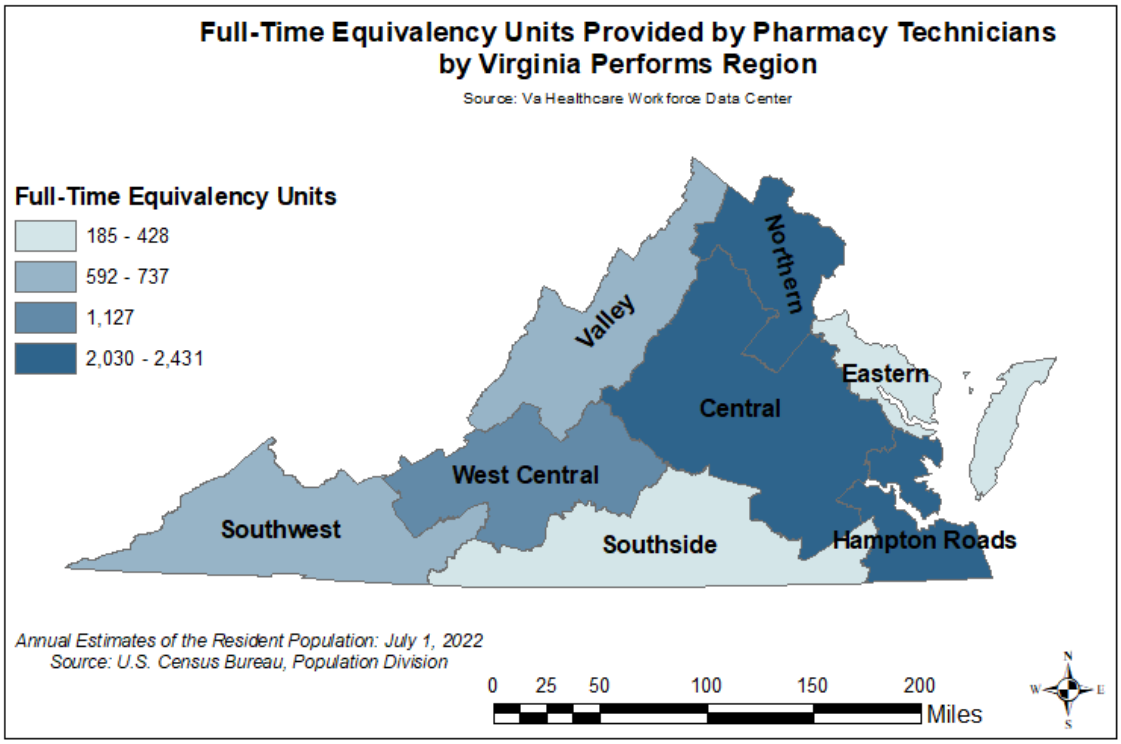


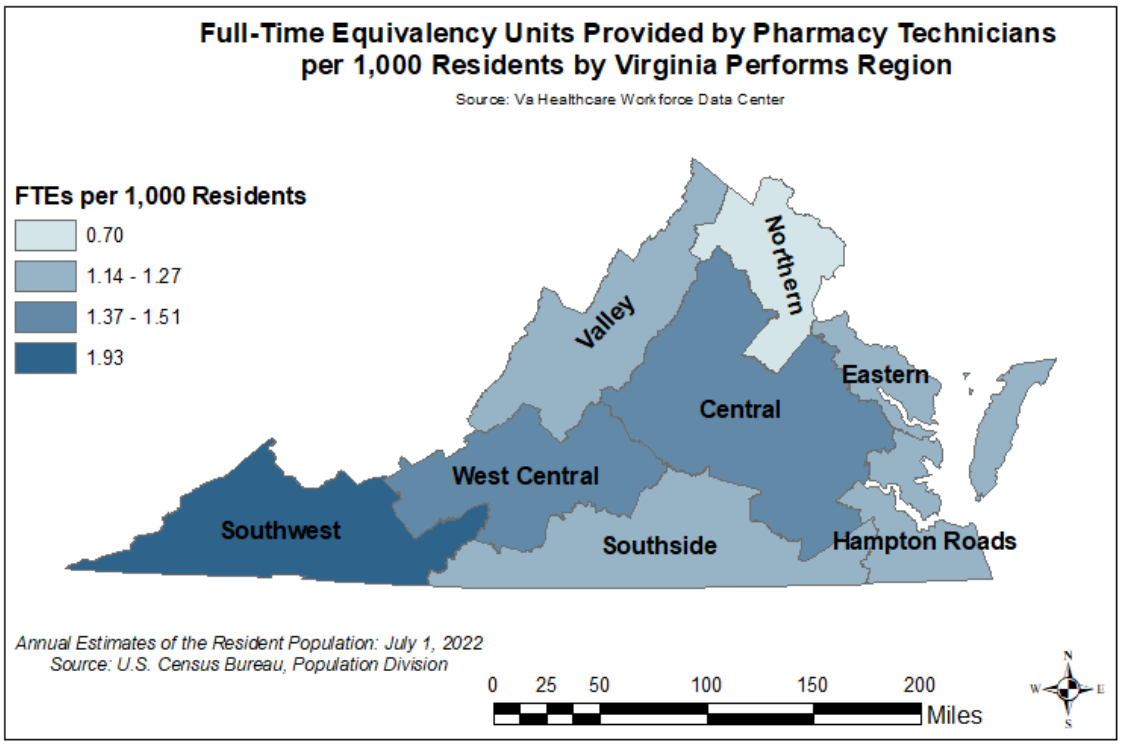
Source: Va. Healthcare Workforce Data Center

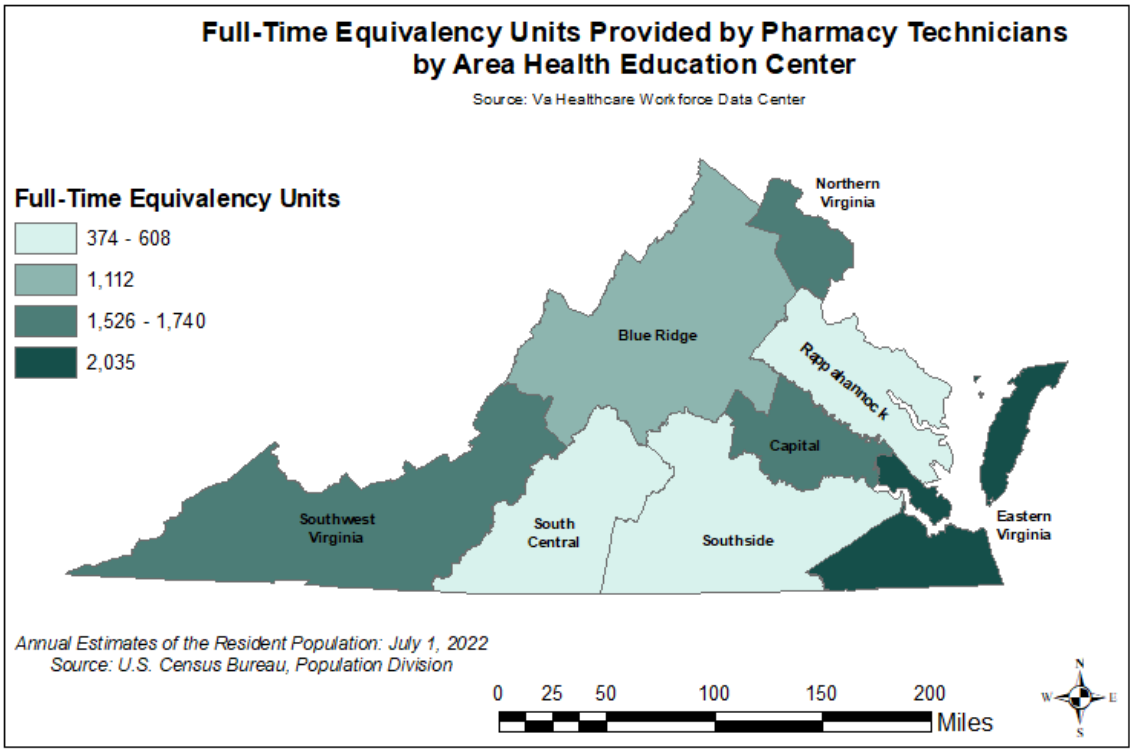
[2] Number of residents in 2022 was used as the denominator.
[3] Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

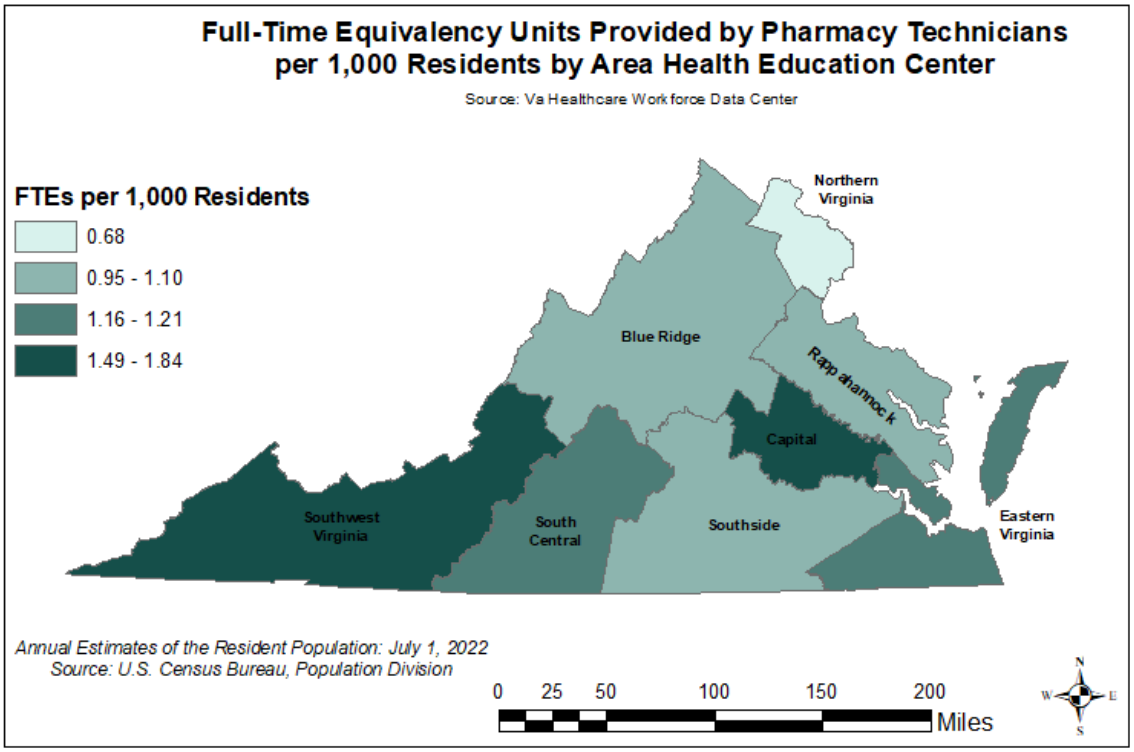
Maps

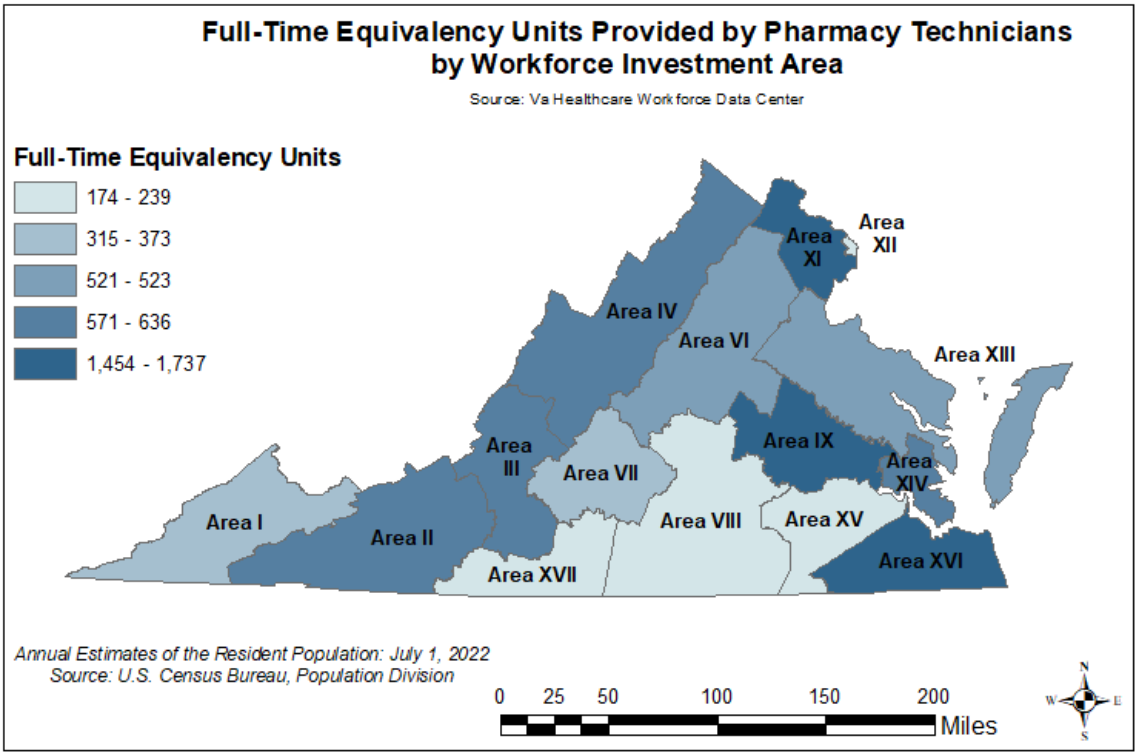
Virginia Performs Regions

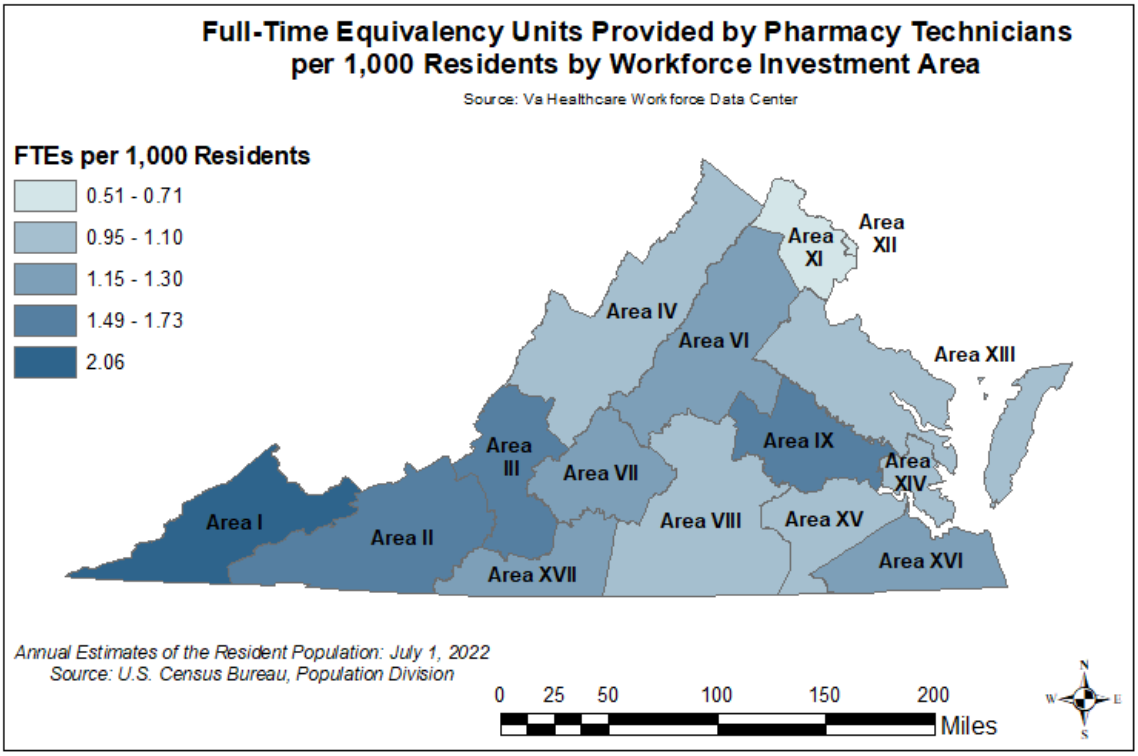


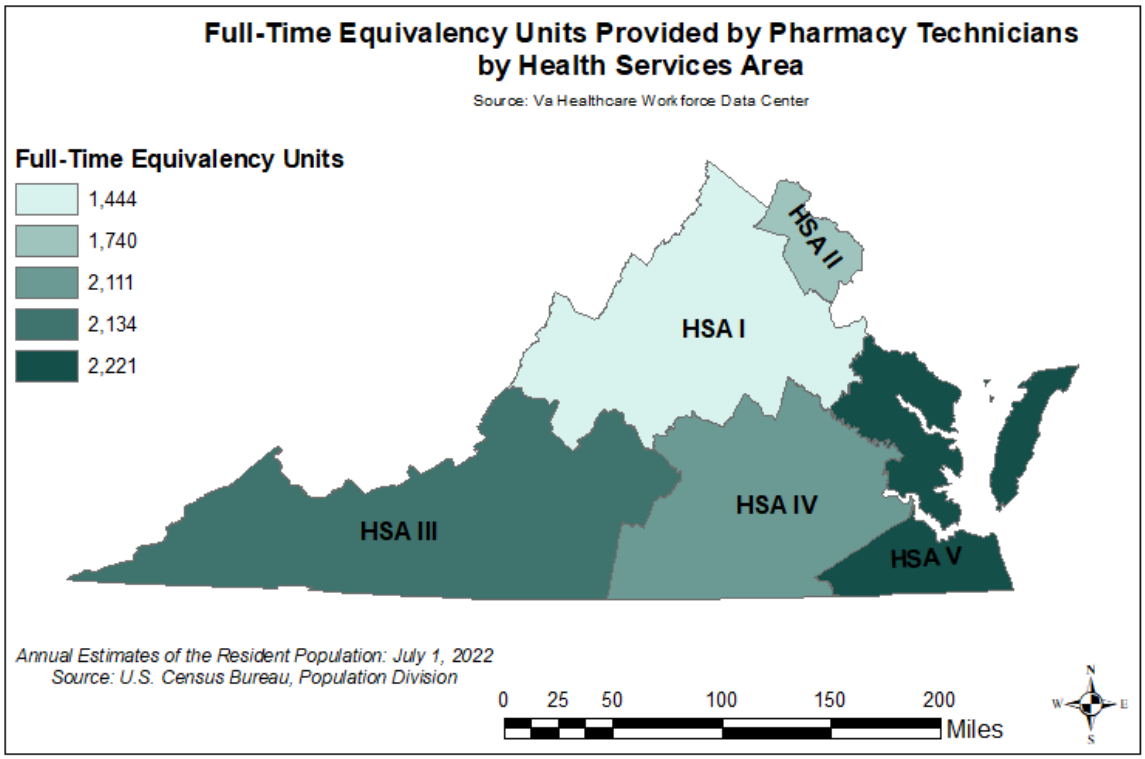


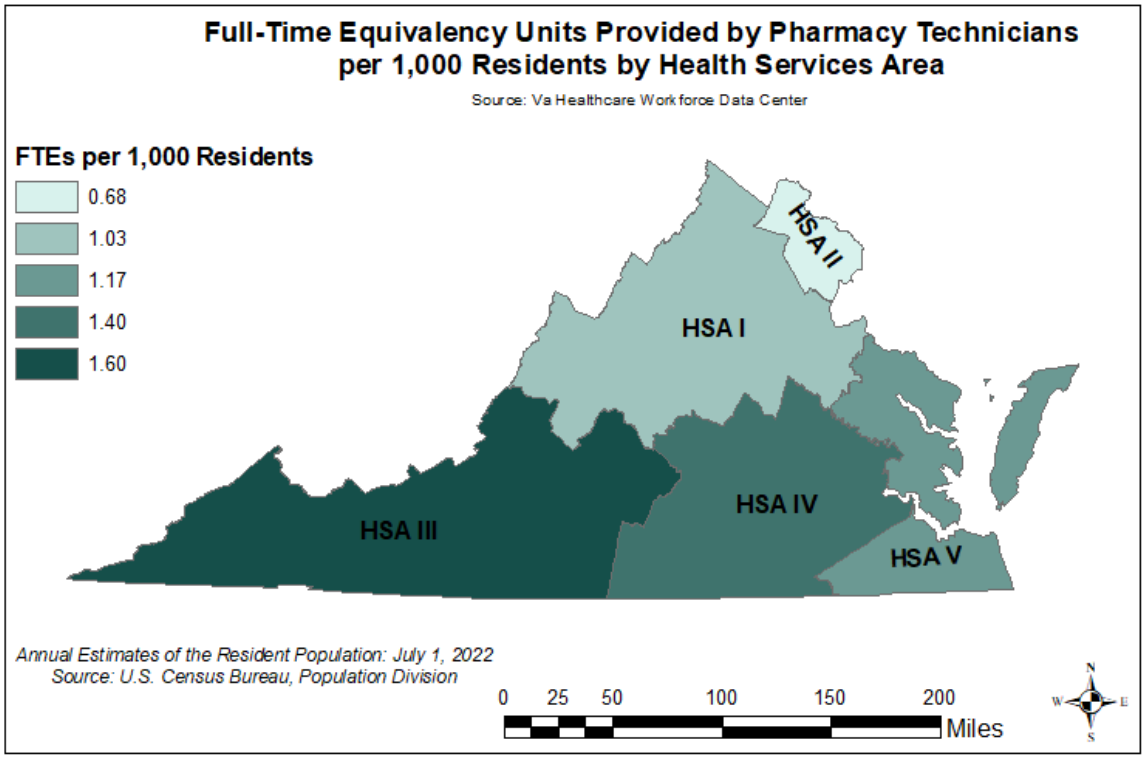

Full-Time Equivalency Units Provided by Pharmacy Technicians
by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
374 - 608
1,112
1,526 - 1,740
2,035
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

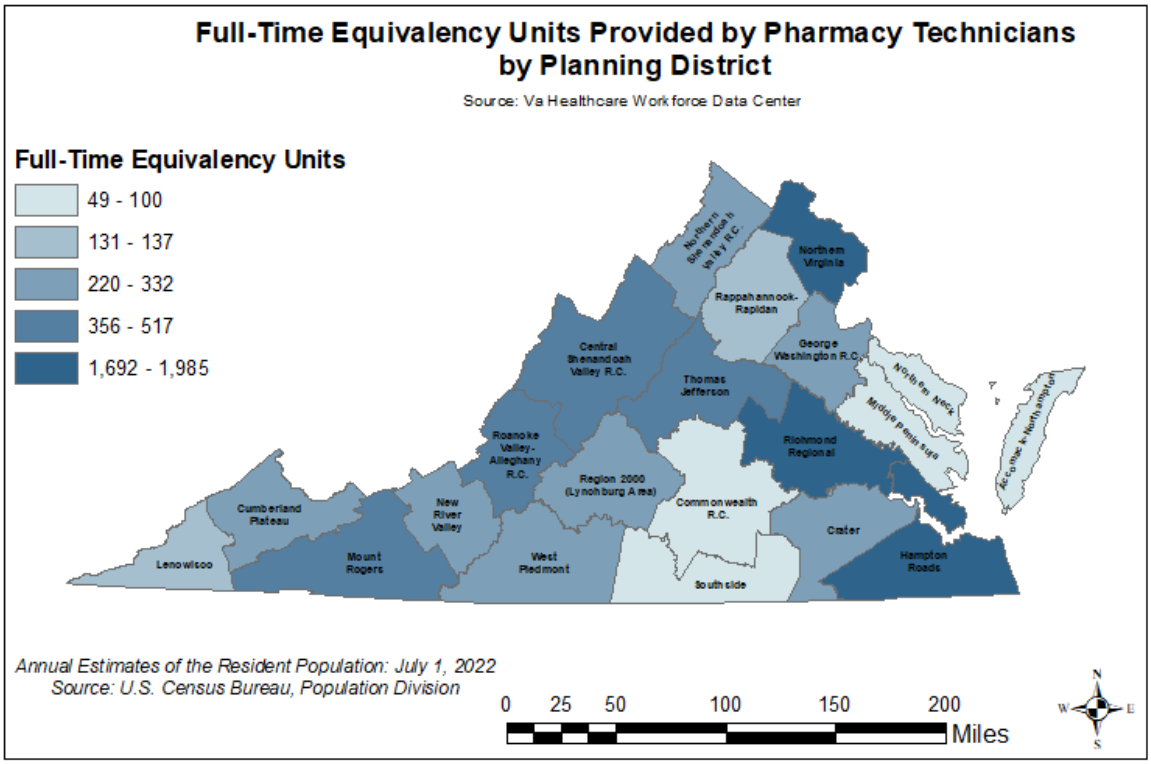

Full-Time Equivalency Units Provided by Pharmacy Technicians
per 1,000 Residents by Area Health Education Center
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.68
0.95 - 1.10
1.16 - 1.21
1.49 - 1.84
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

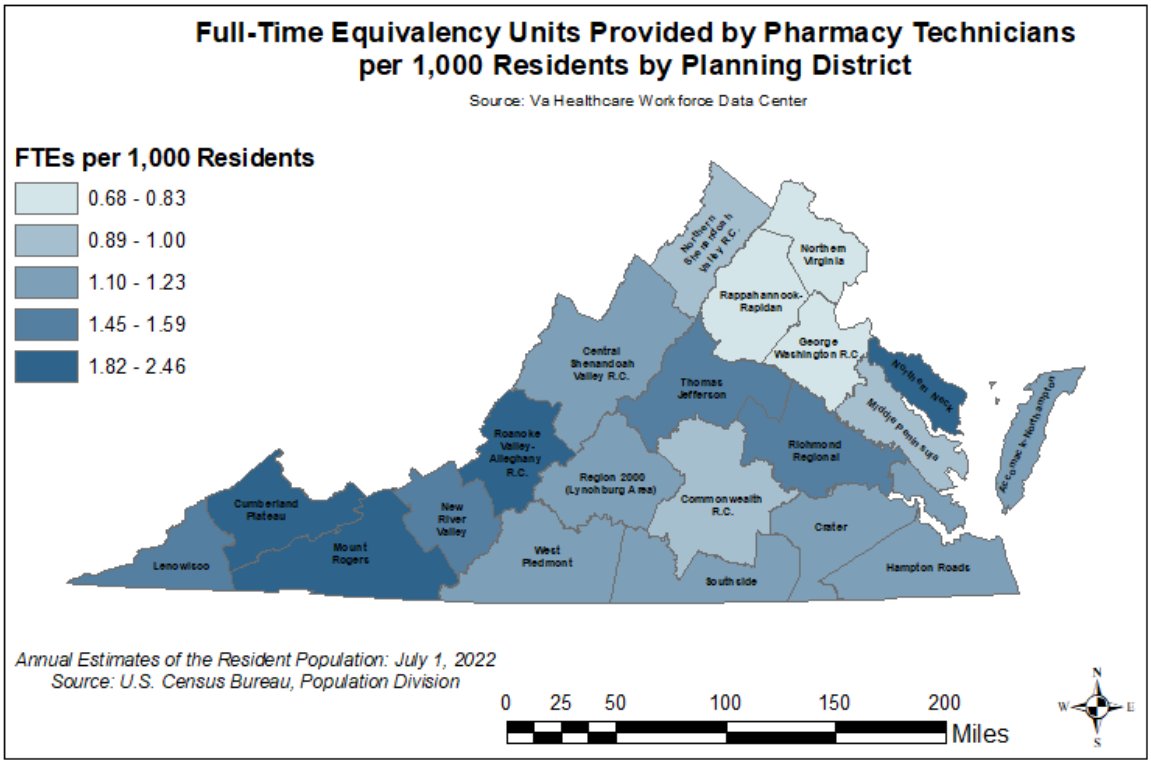

Full-Time Equivalency Units Provided by Pharmacy Technicians
by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
174 - 239
315 - 373
521 - 523
571 - 636
1,454 - 1,737
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Pharmacy Technicians
per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.51 - 0.71
0.95 - 1.10
1.15 - 1.30
1.49 - 1.73
2.06
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Pharmacy Technicians by Health Services Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
1,444
1,740
2,111
2,134
2,221
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Pharmacy Technicians per 1,000 Residents by Health Services Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.68
1.03
1.17
1.40
1.60
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Pharmacy Technicians by Planning District
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
49 - 100
131 - 137
220 - 332
356 - 517
1,692 - 1,985
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
Lenowisco
South side
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Pharmacy Technicians per 1,000 Residents by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.68 - 0.83
0.89 - 1.00
1.10 - 1.23
1.45 - 1.59
1.82 - 2.46
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
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Lenowisco
South side
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Appendix

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	8,055	80.10%	1.248	1.123	1.430
Metro, 250,000 to 1 Million	1,222	82.82%	1.208	1.086	1.383
Metro, 250,000 or Less	1,232	81.74%	1.223	1.100	1.402
Urban, Pop. 20,000+, Metro Adj.	295	84.07%	1.190	1.070	1.363
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	661	84.72%	1.180	1.062	1.352
Urban, Pop. 2,500-19,999, Non-Adj.	499	80.76%	1.238	1.114	1.419
Rural, Metro Adj.	297	81.14%	1.232	1.108	1.412
Rural, Non-Adj.	188	82.98%	1.205	1.084	1.381
Virginia Border State/D.C.	791	67.64%	1.479	1.330	1.694
Other U.S. State	419	57.28%	1.746	1.570	2.000

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	3,770	69.36%	1.442	1.352	2.000
30 to 34	2,118	78.80%	1.269	1.190	1.761
35 to 39	1,906	81.11%	1.233	1.156	1.710
40 to 44	1,534	84.16%	1.188	1.115	1.648
45 to 49	1,185	85.99%	1.163	1.091	1.613
50 to 54	1,157	87.21%	1.147	1.076	1.591
55 to 59	858	88.34%	1.132	1.062	1.570
60 and Over	1,131	83.73%	1.194	1.120	1.657

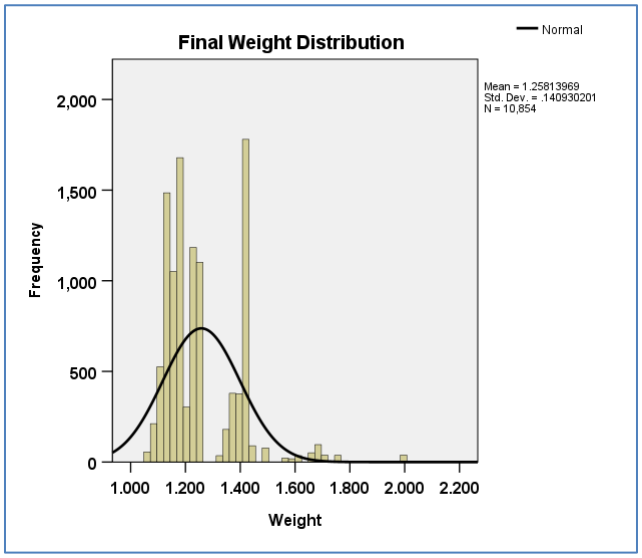
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: **0.794641**



Source: Va. Healthcare Workforce Data Center

Agency **Department of Health Professions**

Board **Board of Pharmacy**

Chapter **Regulations Governing the Practice of Pharmacy [18 VAC 110 - 20]**

Action: Exemption of automated dispensing devices stocked solely with emergency or ...

Proposed Stage

Action 5966 / Stage 9953

Documents		
Proposed Text	6/5/2024 1:32 pm	
Agency Background Document	3/27/2023 (modified 6/13/2023)	
ORM Economic Review Form	7/20/2023	
Attorney General Certification	11/16/2023	
DPB Economic Impact Analysis	12/29/2023	
Agency Response to EIA	1/11/2024	
Governor's Review Memo	5/14/2024	

Status	
Attorney General Review	Submitted to OAG: 6/21/2023 Review Completed: 11/16/2023 Result: Certified
DPB Review	Submitted on 11/16/2023 Review Completed: 12/29/2023
Secretary Review	Secretary of Health and Human Resources Review Completed: 5/9/2024
Governor's Review	ORM Review Completed: 5/14/2024 Governor Review Completed: 5/14/2024 Result: Approved
Virginia Registrar	Submitted on 5/16/2024 The Virginia Register of Regulations Publication Date: 6/17/2024 Volume: 40 Issue: 22
Public Hearings	06/25/2024 9:06 AM
Comment Period	In Progress! Ends 8/16/2024 Currently 0 comments

Contact Information

Proposed Text

highlight

Action: Exemption of automated dispensing devices stocked solely with ...
Stage: Proposed 6/5/24 1:32 PM [latest]

18VAC110-20-555 Use of automated dispensing devices

Nursing homes licensed pursuant to Chapter 5 (§ 32.1-123 et seq.) of Title 32.1 of the Code of Virginia may use automated drug dispensing systems, as defined in § 54.1-3401 of the Code of Virginia, upon meeting the following conditions:

1. Drugs placed in an automated drug dispensing system in a nursing home shall be under the control of the pharmacy providing services to the nursing home, the pharmacy shall have online communication with and control of the automated drug dispensing system, and access to any drug for a patient shall be controlled by the pharmacy.

2. A nursing home without an in-house pharmacy shall obtain a controlled substances registration prior to using an automated dispensing system, unless the system is exclusively stocked with drugs that would be kept in a stat-drug box pursuant to 18VAC110-20-550 or an emergency drug kit pursuant to 18VAC110-20-540 and are solely administered for stat or emergency administration.

3. For facilities not required to obtain a controlled substance registration, access to the automated dispensing device shall be restricted to a licensed nurse, pharmacist, or prescriber~~,~~ or a registered pharmacy technician for the purpose of stocking or reloading.

4. Removal of drugs from any automated drug dispensing system for administration to patients can only be made pursuant to a valid prescription or lawful order of a prescriber under the following conditions:

a. A No drug~~, including a drug that would be stocked in a stat-drug box pursuant to subsection B of 18VAC110-20-550,~~ may ~~not~~ be administered to a patient from an automated dispensing device until a pharmacist has reviewed the prescription order and electronically authorized the access of that drug for that particular patient in accordance with the order.

b. The PIC of the provider pharmacy shall ensure that a pharmacist who has online access to the system is available at all times to review a prescription order as needed and authorize administering pursuant to the order reviewed.

c. Drugs that would be stocked in an emergency drug kit pursuant to 18VAC110-20-540 or a stat drug box pursuant to subsection B of 18VAC110-20-550 may be accessed prior to receiving electronic authorization from the pharmacist, provided that the absence of the drugs would threaten the survival of the ~~patients~~ patient or that a delay in administration of the drug could result in harm to the patient.

d. Automated dispensing devices shall be capable of producing a hard-copy record of distribution that shall show patient name, drug name and strength, dose

withdrawn, dose to be administered, date and time of withdrawal from the device, and identity of person withdrawing the drug.

5. Drugs placed in automated dispensing devices shall be in the manufacturer's sealed original unit dose or unit-of-use packaging or in repackaged unit-dose containers in compliance with the requirements of 18VAC110-20-355 relating to repackaging, labeling, and records.

6. Prior to the removal of drugs from the pharmacy, a delivery record shall be generated for all drugs to be placed in an automated dispensing device, which shall include the date; drug name, dosage form, and strength; quantity; nursing home; a unique identifier for the specific device receiving drugs; and initials of the pharmacist checking the order of drugs to be removed from the pharmacy and the records of distribution for accuracy.

7. At the direction of the PIC, drugs may be loaded in the device by a pharmacist or a pharmacy technician adequately trained in the proper loading of the system.

8. At the time of loading, the delivery record for all Schedules II through VI drugs shall be signed by a nurse or other person authorized to administer drugs from that specific device, and the record returned to the pharmacy.

9. At the time of loading any Schedules II through V drug, the person loading will verify that the count of that drug in the automated dispensing device is correct. Any discrepancy noted shall be recorded on the delivery record and immediately reported to the PIC, who shall be responsible for reconciliation of the discrepancy or the proper reporting of a loss.

10. The PIC of the provider pharmacy or ~~his~~ the PIC's designee shall conduct at least a monthly audit to review distribution and administration of Schedules II through V drugs from each automated dispensing device as follows:

a. The audit shall reconcile records of all quantities of Schedules II through V drugs dispensed from the pharmacy with records of all quantities loaded into each device to detect whether any drugs recorded as removed from the pharmacy were diverted rather than being placed in the proper device.

b. A discrepancy report shall be generated for each discrepancy in the count of a drug on hand in the device. Each such report shall be resolved by the PIC or ~~his~~ the PIC's designee within 72 hours of the time the discrepancy was discovered or, if determined to be a theft or an unusual loss of drugs, shall be immediately reported to the board in accordance with § 54.1-3404 E of the Drug Control Act.

c. The audit shall include a review of a sample of administration records from each device per month for possible diversion by fraudulent charting. A sample shall include all Schedules II through V drugs administered for a time period of not less than 24 consecutive hours during the audit period.

d. The audit shall include a check of medical records to ensure that a valid order exists for a random sample of doses recorded as administered.

e. The audit shall also check for compliance with written procedures for security and use of the automated dispensing devices, accuracy of distribution from the device, and proper recordkeeping.

f. The hard copy distribution and administration records printed out and reviewed in the audit shall be initialed and dated by the person conducting the audit. If nonpharmacist personnel conduct the audit, a pharmacist shall review the record and shall initial and date the record.

11. Automated dispensing devices shall be inspected monthly by pharmacy personnel to verify proper storage, proper location of drugs within the device, expiration dates, the security of drugs and validity of access codes.

12. Personnel allowed access to an automated dispensing device shall have a specific access code ~~which~~ that records the identity of the person accessing the device.

13. The PIC of the pharmacy providing services to the nursing home shall establish, maintain, and ~~assure~~ ensure compliance with written policy and procedure for the accurate stocking and proper storage of drugs in the automated drug dispensing system, accountability for and security of all drugs maintained in the automated drug dispensing system, preventing unauthorized access to the system, tracking access to the system, complying with federal and state regulations related to the storage and dispensing of controlled substances, maintaining patient confidentiality, maintaining required records, and ~~assuring~~ ensuring compliance with the requirements of this chapter. The manual shall be ~~capable of being accessed~~ accessible at both the pharmacy and the nursing home.

14. All records required by this section shall be filed in chronological order from date of issue and maintained for a period of not less than two years. Records shall be maintained at the address of the pharmacy providing services to the nursing home, except:

a. Manual Schedule VI distribution records may be maintained in offsite storage or electronically as an electronic image that provides an exact image of the document that is clearly legible, provided such offsite or electronic storage is retrievable and made available for inspection or audit within 48 hours of a request by the board or an authorized agent.

b. Distribution and delivery records and required signatures may be generated or maintained electronically, provided:

(1) The system being used has the capability of recording an electronic signature that is a unique identifier and restricted to the individual required to initial or sign the record.

(2) The records are maintained in a read-only format that cannot be altered after the information is recorded.

(3) The system used is capable of producing a hard-copy printout of the records upon request.

c. Schedules II through V distribution and delivery records may only be stored offsite or electronically as described in subdivisions 14 a and 14 b of this section if authorized by DEA or in federal law or regulation.

d. Hard-copy distribution and administration records that are printed and reviewed in conducting required audits may be maintained offsite or electronically, provided that (i) they can be readily retrieved upon request; ~~provided~~ (ii) they are maintained in a read-only format that does not allow alteration of the records; and ~~provided~~ (iii) a separate log is maintained for a period of two years showing dates of audit and review, the identity of the automated dispensing device being audited, the time period covered by the audit and review, and the initials of all reviewers.

Name / Title:	Caroline Juran, RPh / *Executive Director*
Address:	9960 Mayland Drive Suite 300 Richmond, VA 23233-1463
Email Address:	caroline.juran@dhp.virginia.gov
Telephone:	(804)367-4456 FAX: (804)527-4472 TDD: ()-

This person is the primary contact for this chapter.

Agenda Topic: Discussion regarding 2024 map of pharmacy permit locations

Included in agenda packet:

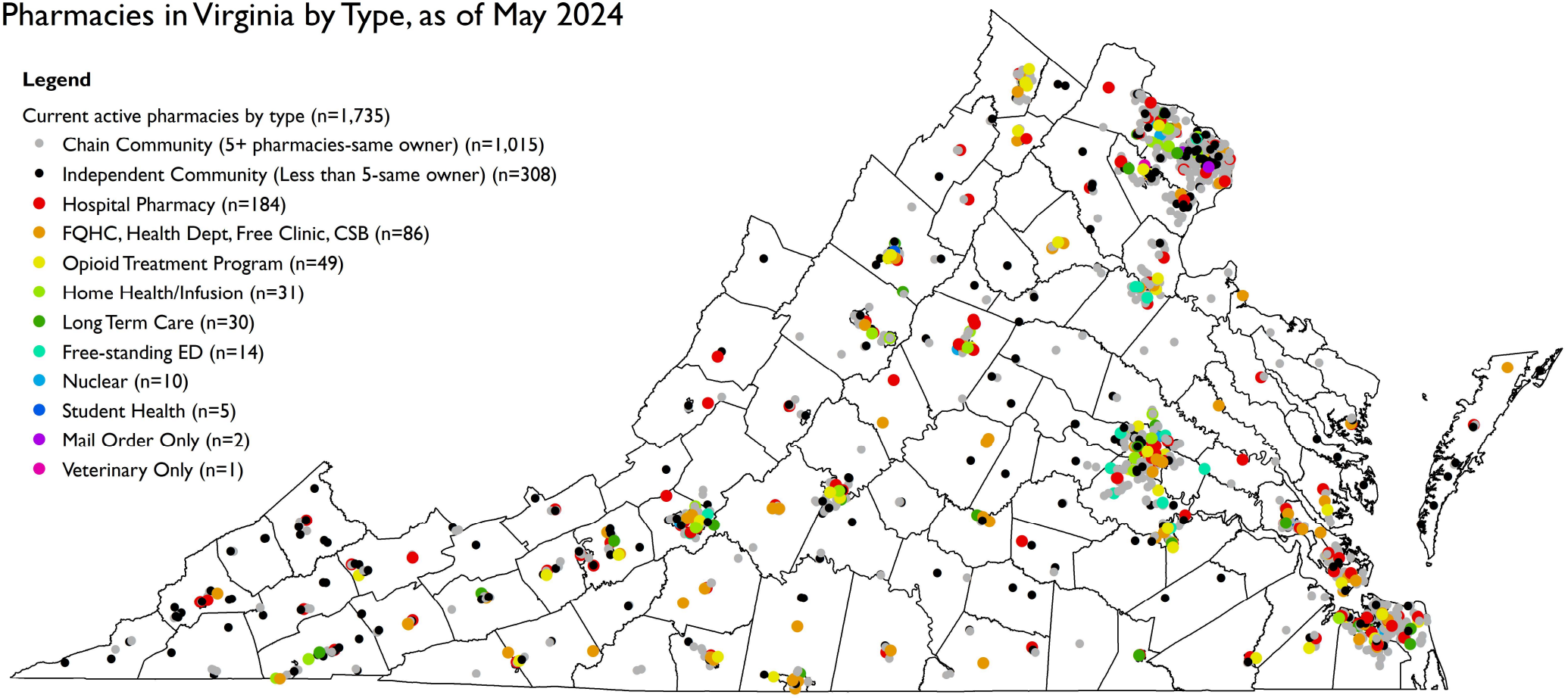
- Maps with data from May 2024
- Maps previously provided to Board using data from June 2023
- Excerpt of current count of licenses as of Q3 2024

Additional data:

- Pharmacy permit count decreased by 4.83% between Q4 FY2018 (1822) and 6/14/2024 (1736)
- Nonresident pharmacy registration count increased by 21.66% between Q4 FY2018 (770) and 6/14/2024 (957)

All

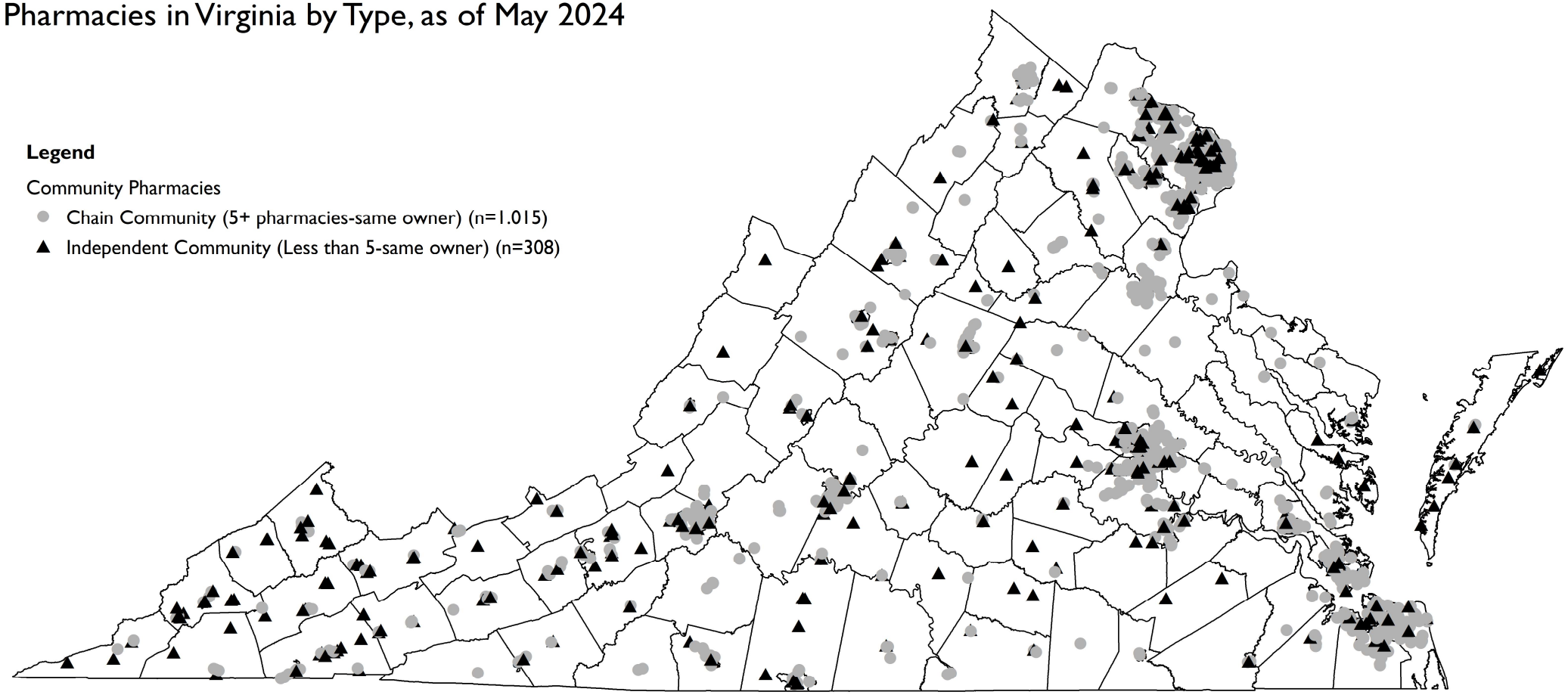
Pharmacies in Virginia by Type, as of May 2024



9 licensees excluded due to invalid address

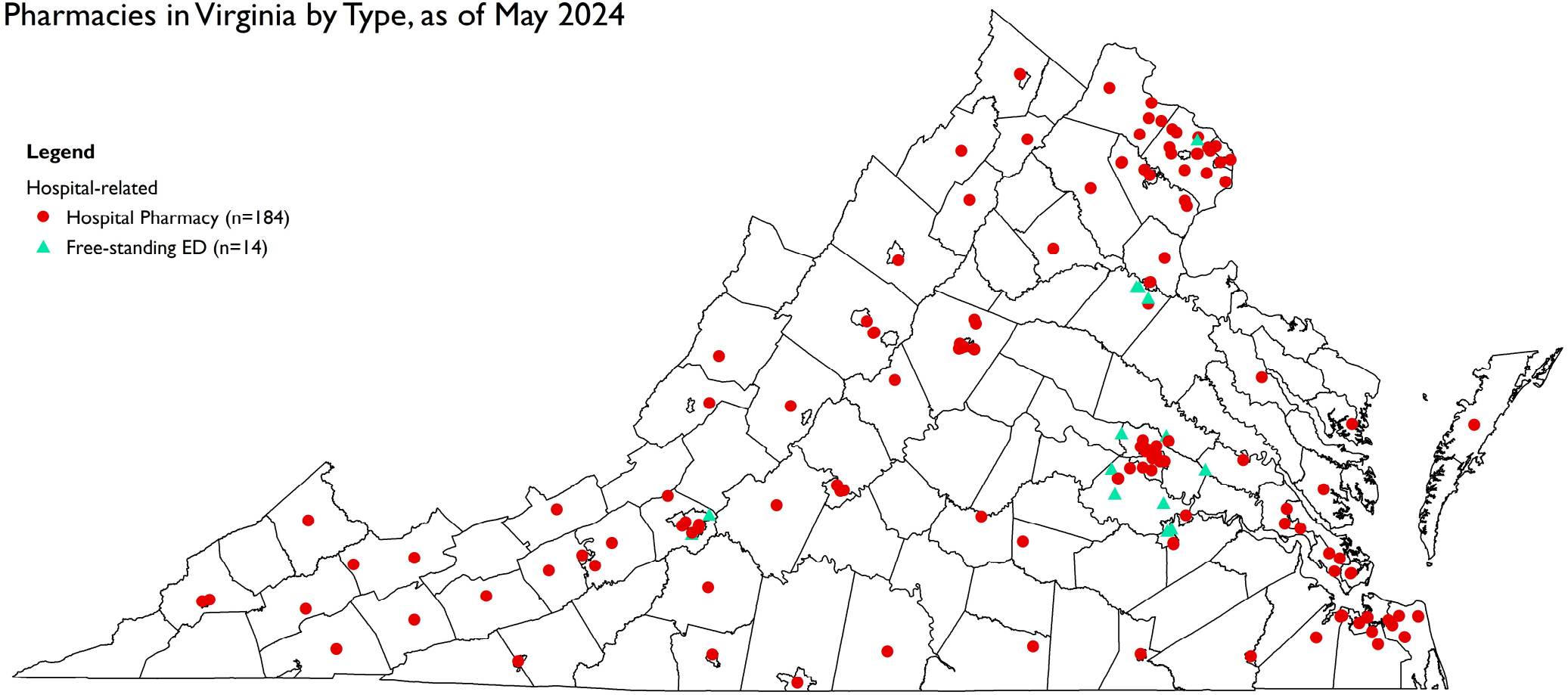
Community Pharmacies

Pharmacies in Virginia by Type, as of May 2024



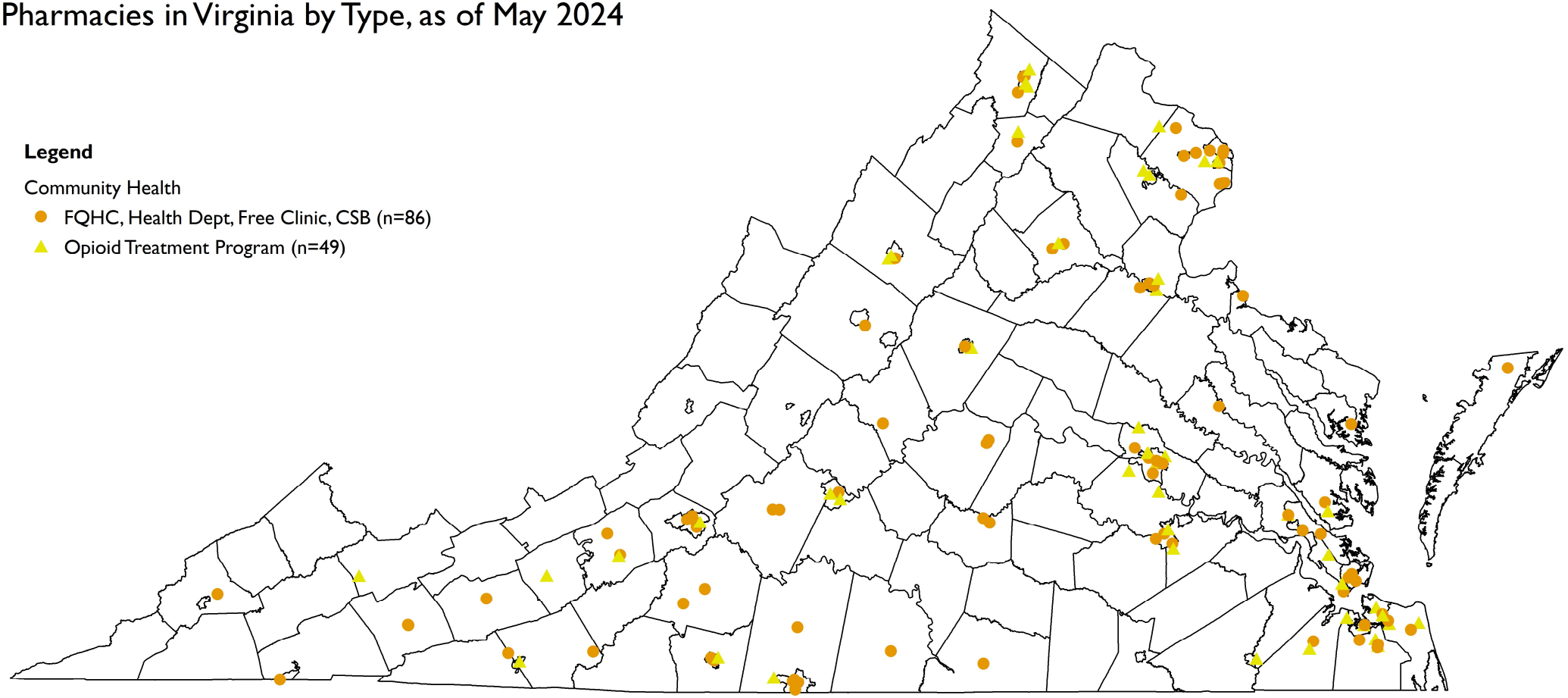
Hospital-related

Pharmacies in Virginia by Type, as of May 2024



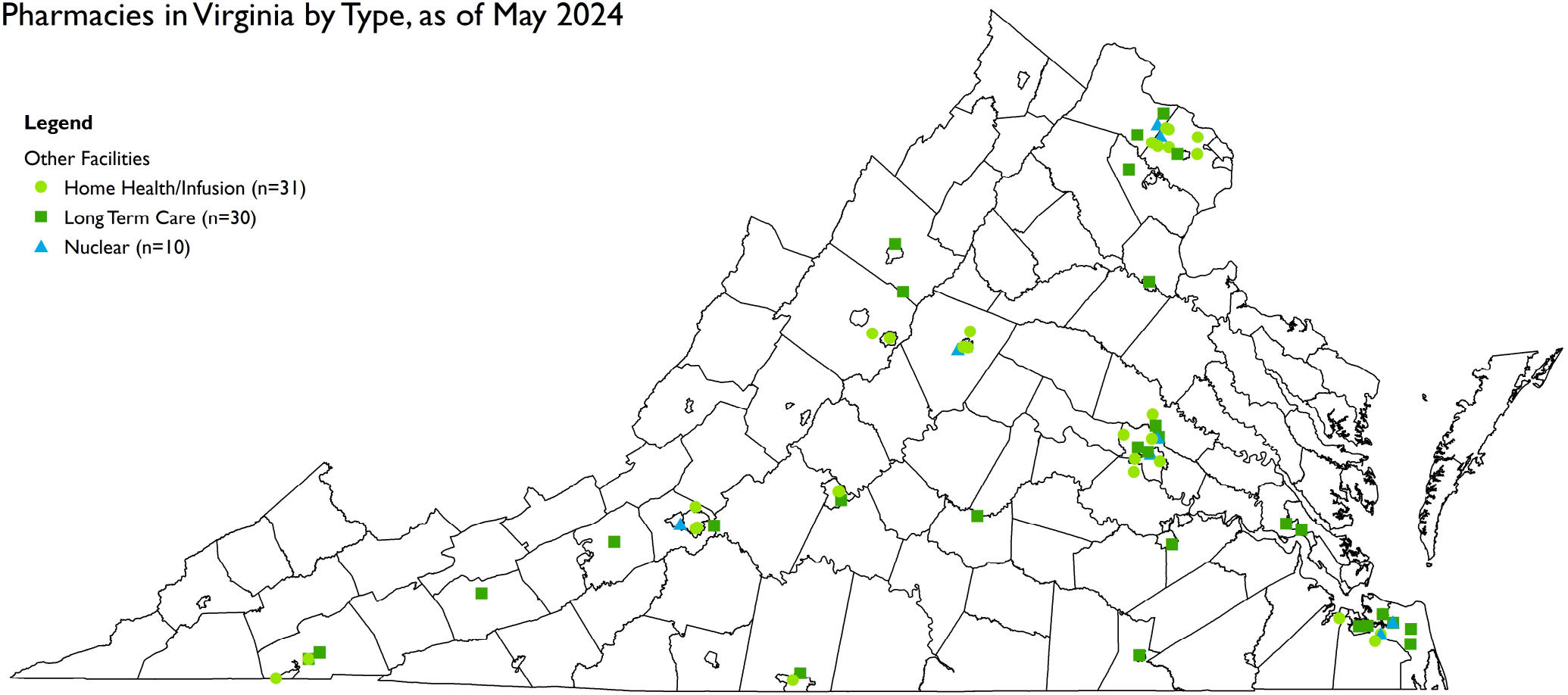
Community Health

Pharmacies in Virginia by Type, as of May 2024



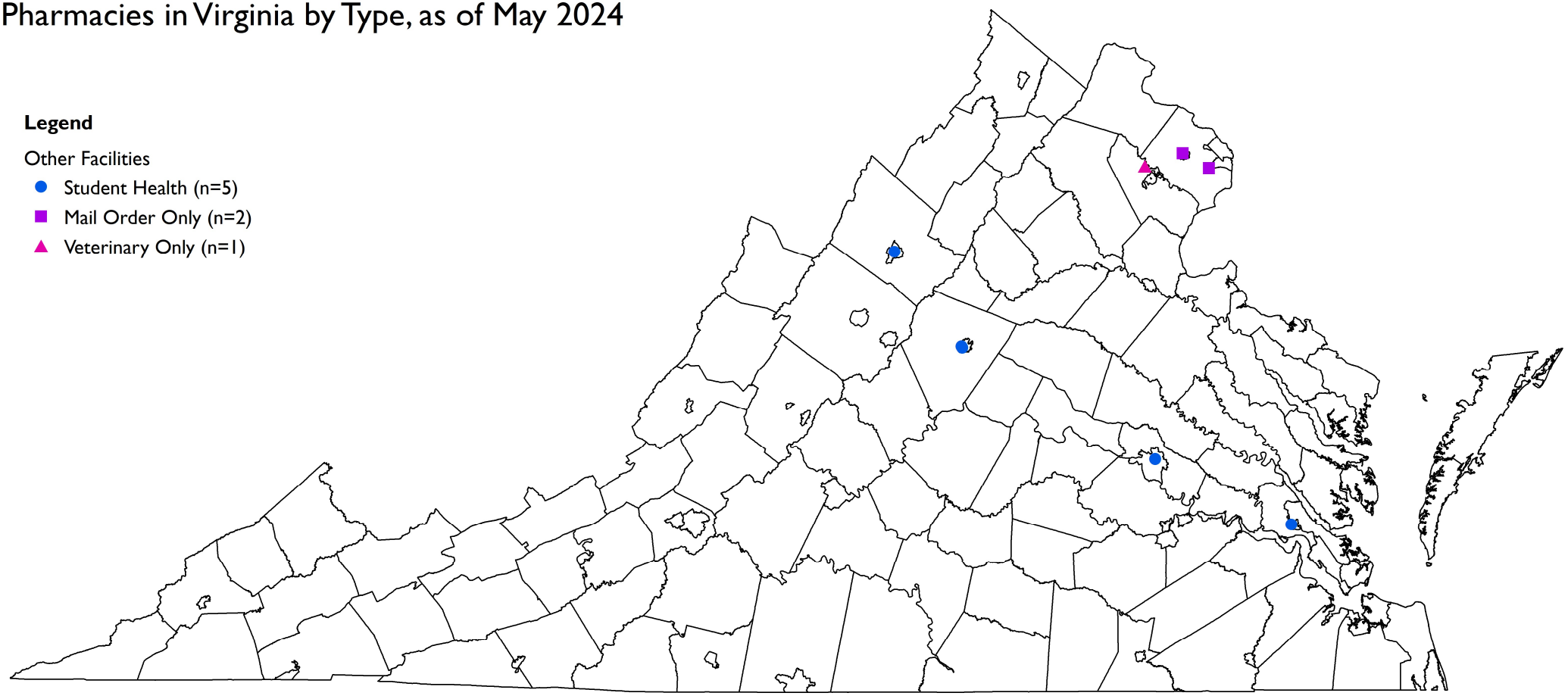
Other Facilities

Pharmacies in Virginia by Type, as of May 2024



Other Facilities

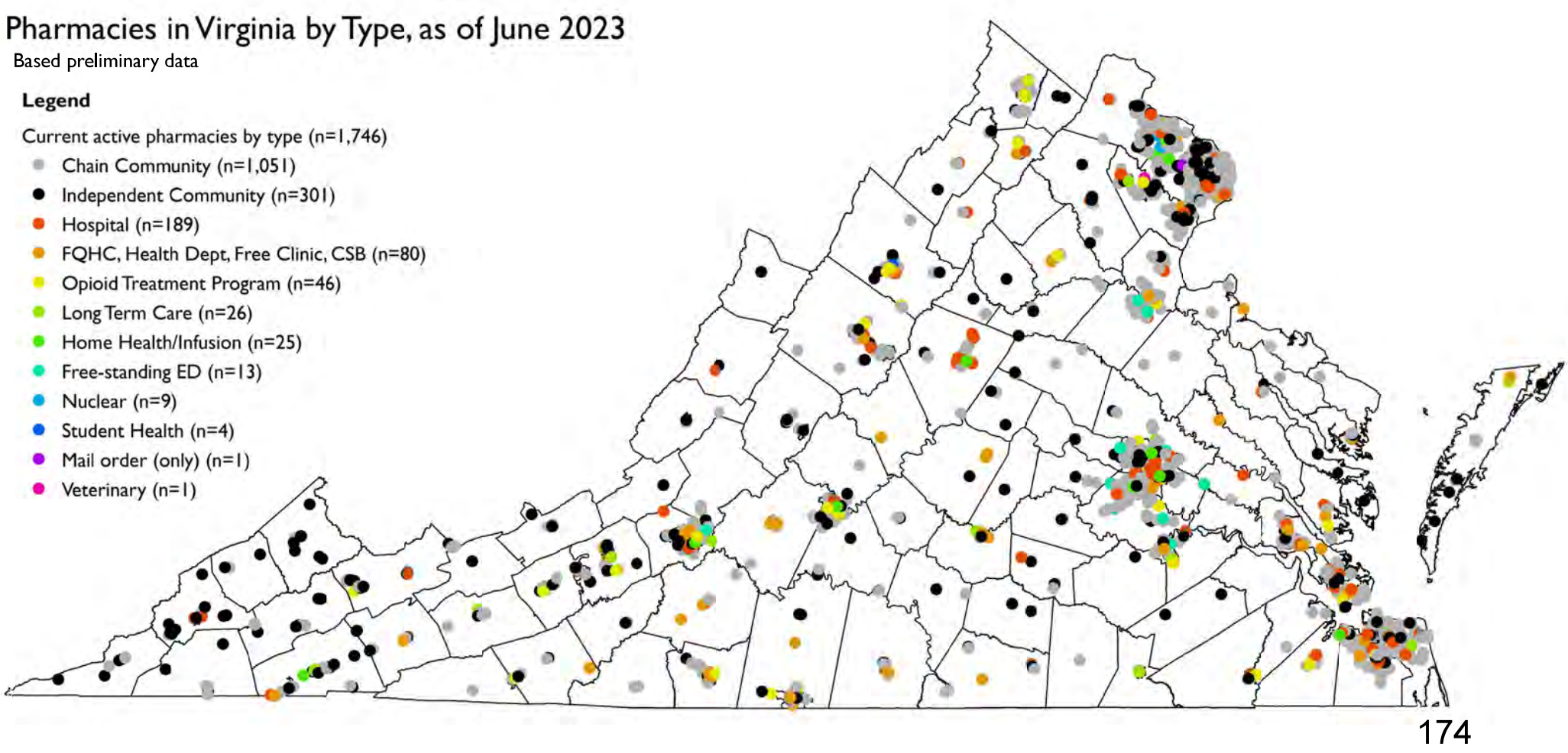
Pharmacies in Virginia by Type, as of May 2024



Student Health: there are 2 licenses in Charlottesville (UVA bookstore and UVA student health) that are overlapping

All

13 licensees excluded because invalid address



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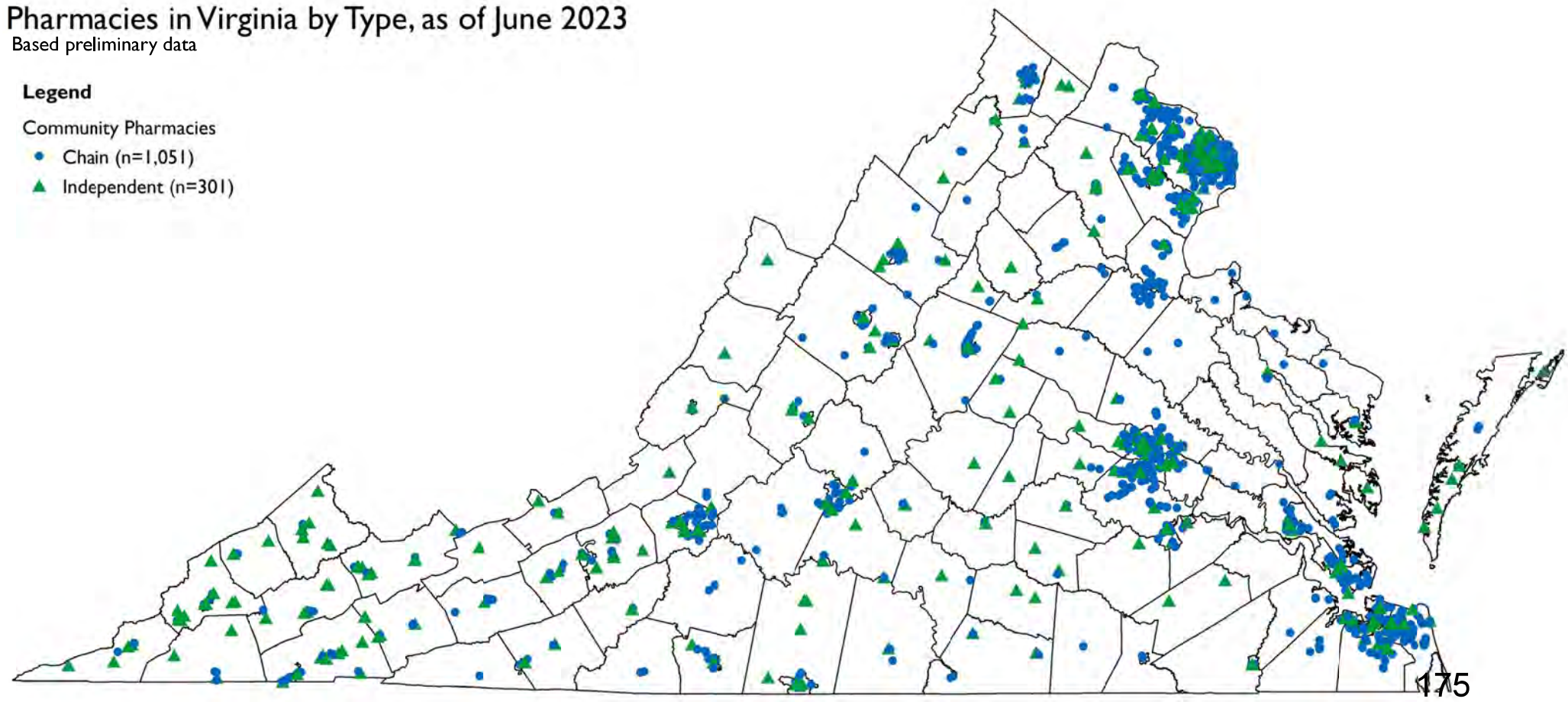
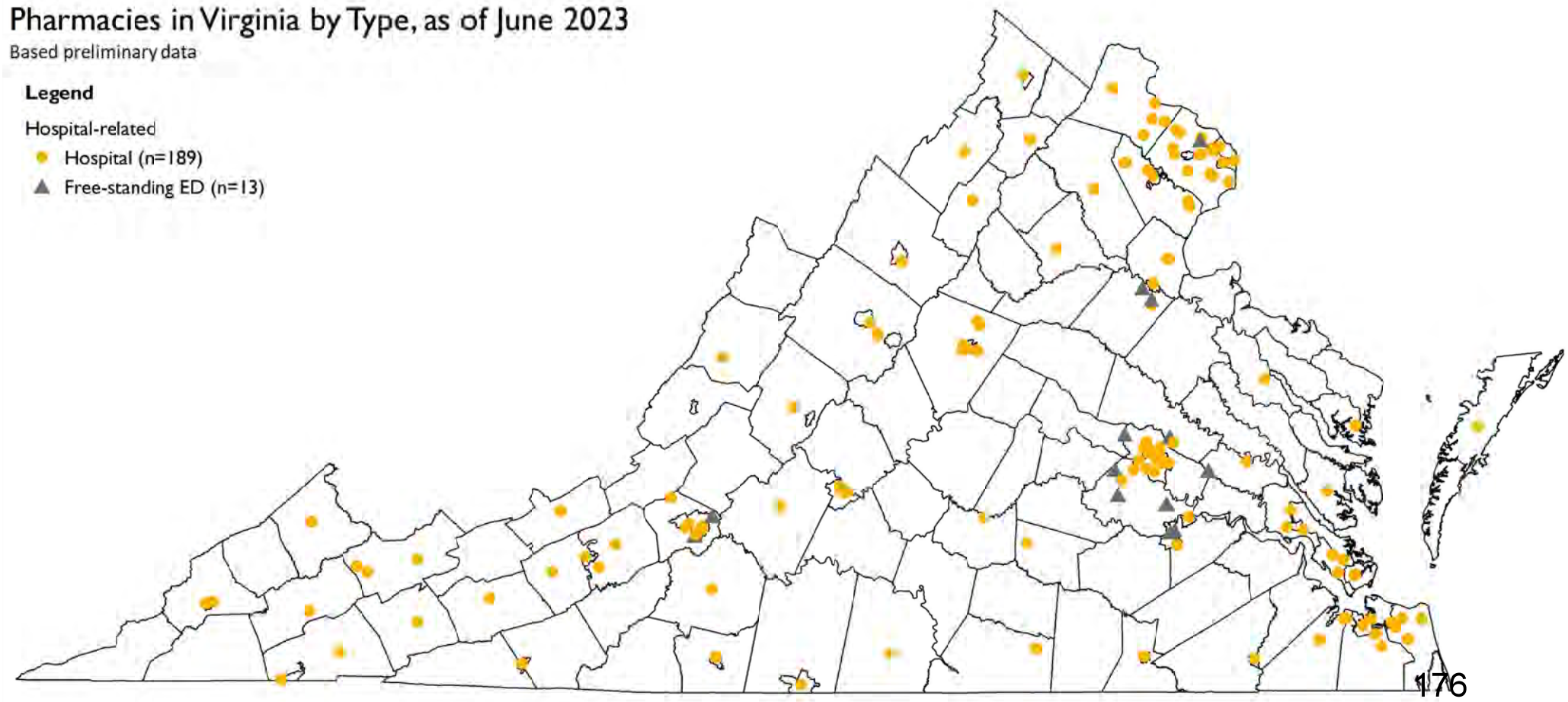
Community Pharmacies



Hospital-related



Virginia Department of
Health Professions

Current Count of Licenses

Quarterly Summary

Quarter 3 - Fiscal Year 2024

Current licenses by board and occupation as of the last day of the quarter.

** New Occupation

*** Veterinary Establishments are now grouped together, as the board works on designating existing establishments as "Ambulatory" or "Stationary", instead of "Full Service" or "Restricted Service".

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

BOARD	Occupation	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	CURRENT Q3 2024
Optometry	Optometrist	88	77	77	77	78	65	65	65	65	49	50	51	51
	Optometrist-Volunteer Registration	-	-	-	-	-	-	-	-	-	-	1	-	-
	Professional Designation	-	-	-	-	-	-	-	-	-	-	-	-	-
	TPA Certified Optometrist	1,720	1,680	1,716	1,736	1,749	1,708	1,758	1,784	1,808	1,777	1,820	1,852	1,879
	Total	1,808	1,757	1,793	1,813	1,827	1,773	1,823	1,849	1,873	1,826	1,871	1,903	1,930
Pharmacy	Business CSR	1,378	1,461	1,478	1,510	1,399	1,463	1,507	1,529	1,423	1,465	1,508	1,533	1,417
	CE Courses	9	9	9	9	9	9	9	9	9	9	9	9	9
	Humane Society	-	-	-	-	-	-	-	-	-	-	-	-	-
	Limited Use Facility Dispensing	-	-	-	-	-	-	-	1	2	3	3	3	4
	Limited Use Pharmacy Technician	8	8	8	8	7	7	7	7	7	7	7	7	6
	Limited Use Practitioner Dispensing	-	-	-	-	1	2	2	3	3	3	4	6	8
	Medical Equipment Supplier	224	223	230	229	209	217	223	226	213	220	226	224	205
	Non-Resident Manufacturer	194	202	209	215	206	213	218	224	217	226	231	236	229
	Non-Resident Medical Equipment Supplier	322	349	363	373	331	354	361	369	346	355	367	379	345
	Non Resident Outsourcing facility	33	33	34	33	30	29	32	33	35	33	32	31	31
	Non Resident Pharmacy	866	874	876	885	882	898	910	911	924	923	923	934	943
	Non-Resident Wholesale Distributor	604	635	644	660	624	634	643	641	610	624	635	641	612
	Non Restricted Manufacturer	28	28	29	30	31	32	34	34	35	35	35	35	32
	Non-Resident Third Party Logistics Prov.	169	182	186	191	181	181	194	206	207	219	229	238	234
	Non Resident Warehouser	79	91	96	101	98	99	105	115	109	114	123	130	127
	Outsourcing Facility	-	-	-	-	-	-	-	-	1	1	1	1	1
	Permitted Physician	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacist	15,668	15,865	16,210	16,445	15,858	16,079	16,414	16,619	16,064	16,273	16,606	16,796	16,147
	Pharmacist-Volunteer Registration	-	-	-	-	-	-	-	-	-	1	-	-	-
	Pharmacy	1,772	1,771	1,770	1,767	1,773	1,768	1,765	1,765	1,762	1,755	1,751	1,738	1,744
	Pharmacy Intern	1,464	1,489	1,499	1,457	1,247	1,312	1,267	1,352	1,166	1,235	1,213	1,274	1,074
	Pharmacy Technician	12,751	13,248	13,689	14,042	12,421	12,924	13,522	13,875	12,312	12,871	13,310	13,640	12,275
	Pharmacy Technician Trainee	831	2,406	3,309	4,628	5,930	6,258	6,977	8,041	8,581	8,178	8,190	8,063	8,095

Virginia Department of Health Professions
Board of Pharmacy

2025 Potential Meeting Schedule

March

- Tuesday, March 25th – Full Board Meeting and Formal Hearing
- Thursday, March 27th – Pilot Program Committee Meeting

Alternate Dates: March 11th

June

- Thursday, June 5th – Pilot Program Committee Meeting
- Tuesday, June 17th – Full Board Meeting and Formal Hearing
  Alternate dates: June 3rd or June 19th

September

- Tuesday, September 9th – Pilot Program Committee Meeting
- Tuesday, September 30th – Full Board Meeting and Formal Hearing
  Alternate Dates: September 24th

December

- Tuesday, December 9th – Pilot Program Committee Meeting
- Wednesday, December 10th – Full Board Meeting and Formal Hearing
  Alternate Dates: December 16th

Virginia Board of Pharmacy
June 25, 2024
Licenses Issued

	11/1/22 - 1/31/23	2/1/23 - 4/30/23	5/1/23 - 7/31/23	8/1/23 - 10/31/23	11/1/23 - 1/31/24	2/1/24 - 4/30/24	License Count 6/5/2024
Business CSR	25	26	38	29	20	47	1,479
CE Courses	0	0	0	0	0	0	9
Limited Use Pharmacy Technician	0	0	0	0	0	0	6
Medical Equipment Supplier	3	6	12	2	4	3	210
Non-restricted Manufacturer	1	1	0	0	0	0	34
Outsourcing Facility	1	0	0	0	0	0	1
Permitted Physician	0	0	0	0	0	0	0
Pharmacist	164	144	237	273	131	164	16,308
Pharmacist Volunteer Registration	1	0	4	1	0	0	0
Pharmacy	11	11	11	11	13	18	1,738
Pharmacy Intern	179	91	71	133	74	79	1,118
Pharmacy Technician	311	339	469	327	327	407	12,650
Pharmacy Technician Trainee	1,185	789	1,074	1,069	1,085	864	7,753
Physician Selling Controlled Substances	43	16	15	37	23	15	558
Limited Use Practitioner Dispensing	0	0	0	1	2	2	8
Nonresident Manufacturer	6	9	2	7	8	5	231
Nonresident Medical Equipment Supplier	4	11	6	10	15	9	359
Nonresident Outsourcing Facility	1	1	0	0	0	3	33
Nonresident Pharmacy	21	23	21	27	23	26	950
Nonresident Third Party Logistics Provider	10	15	11	12	6	6	239
Nonresident Warehouser	7	7	3	10	4	9	137
Nonresident Wholesale Distributor	2	11	12	12	8	9	618
Physician Selling Drugs Location	3	3	5	3	5	1	128
Pilot Programs	0	0	2	1	1	4	18
Repackaging Training Program	0	0	0	0	0	0	1
Restricted Manufacturer	0	0	0	0	0	0	32
Third Party Logistics Provider	0	0	0	0	0	0	5
Warehouser	2	3	1	2	2	1	127
Limited Use Facility Dispensing	2	1	0	0	1	0	4
Wholesale Distributor	0	0	0	2	1	1	62
Total	**1,982**	**1,507**	**1,994**	**1,969**	**1,753**	**1,673**	**44,816**

Virginia Department of
Health Professions

Current Count of Licenses

Quarterly Summary

Quarter 3 - Fiscal Year 2024

Current licenses by board and occupation as of the last day of the quarter.

** New Occupation

*** Veterinary Establishments are now grouped together, as the board works on designating existing establishments as "Ambulatory" or "Stationary", instead of "Full Service" or "Restricted Service".

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Quarter 4	April 1 - June 30

													CURRENT
BOARD	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024
Audiology/Speech Pathology	5,662	5,114	5,432	5,605	5,756	5,894	5,671	5,809	5,975	6,117	5,963	6,108	6,281
Counseling	34,246	31,769	33,693	35,020	36,141	37,436	36,097	37,512	38,791	40,118	39,278	40,239	40,872
Dentistry	15,286	14,768	15,171	15,290	15,284	15,238	15,421	15,275	15,037	15,186	15,190	15,126	15,137
Funeral Directing	3,190	3,114	3,187	3,247	3,295	3,182	3,254	3,308	3,379	3,287	3,351	3,390	3,097
Long-Term Care Administrators	2,274	2,152	2,226	2,293	2,352	2,146	2,232	2,288	2,345	2,159	2,225	2,278	2,317
Medicine	75,929	76,642	78,312	79,452	80,957	82,857	83,193	83,804	85,497	87,470	88,629	89,957	91,077
Nurse Aide	51,820	49,909	50,322	49,967	49,911	50,189	50,085	50,216	50,278	50,817	51,449	51,594	51,361
Nursing	172,380	172,263	174,791	174,984	176,169	177,138	179,221	179,997	181,279	181,581	183,596	184,003	185,352
Optometry	1,808	1,757	1,793	1,813	1,827	1,773	1,823	1,849	1,873	1,826	1,871	1,903	1,930
Pharmacy	37,502	40,005	41,813	43,772	42,303	43,589	45,203	47,019	44,933	45,486	46,374	46,935	44,451
Pharmaceutical Processing[1]	18,363	27,595	35,049	41,708	49,806	55,787	48,837	41,839	33,217	20,625	12,238	10,362	-
Physical Therapy	13,577	13,960	14,353	14,481	14,679	15,009	15,387	15,542	13,930	14,270	14,411	14,571	14,743
Psychology	5,875	5,486	5,773	5,925	6,045	6,167	5,835	5,993	6,105	6,246	6,168	6,282	6,377
Social Work	11,805	11,302	11,868	12,405	12,799	13,138	12,952	13,598	14,241	14,913	15,089	15,535	16,012
Veterinary Medicine	8,181	8,442	8,615	8,723	8,429	8,648	8,826	8,947	8,711	9,016	9,192	9,297	9,009
Agency Total	457,898	464,278	482,398	494,685	505,753	518,191	514,037	512,996	505,591	499,117	495,024	497,580	488,016

1. The Pharmaceutical Processors Program has moved from DHP's Board of Pharmacy to Virginia Cannabis Control Authority since Q3 2024. DHP is no longer licensing Pharmaceutical Processors.

Virginia Department of Health Professions

Current Count of Licenses

Quarterly Summary

Quarter 3 - Fiscal Year 2024

Current licenses by board and occupation as of the last day of the quarter.

** New Occupation

*** Veterinary Establishments are now grouped together, as the board works on designating existing establishments as "Ambulatory" or "Stationary", instead of "Full Service" or "Restricted Service".

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

BOARD	Occupation	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	CURRENT Q3 2024
Optometry	Optometrist	88	77	77	77	78	65	65	65	65	49	50	51	51
	Optometrist-Volunteer Registration	-	-	-	-	-	-	-	-	-	-	1	-	-
	Professional Designation	-	-	-	-	-	-	-	-	-	-	-	-	-
	TPA Certified Optometrist	1,720	1,680	1,716	1,736	1,749	1,708	1,758	1,784	1,808	1,777	1,820	1,852	1,879
	Total	1,808	1,757	1,793	1,813	1,827	1,773	1,823	1,849	1,873	1,826	1,871	1,903	1,930
Pharmacy	Business CSR	1,378	1,461	1,478	1,510	1,399	1,463	1,507	1,529	1,423	1,465	1,508	1,533	1,417
	CE Courses	9	9	9	9	9	9	9	9	9	9	9	9	9
	Humane Society	-	-	-	-	-	-	-	-	-	-	-	-	-
	Limited Use Facility Dispensing	-	-	-	-	-	-	-	1	2	3	3	3	4
	Limited Use Pharmacy Technician	8	8	8	8	7	7	7	7	7	7	7	7	6
	Limited Use Practitioner Dispensing	-	-	-	-	1	2	2	3	3	3	4	6	8
	Medical Equipment Supplier	224	223	230	229	209	217	223	226	213	220	226	224	205
	Non-Resident Manufacturer	194	202	209	215	206	213	218	224	217	226	231	236	229
	Non-Resident Medical Equipment Supplier	322	349	363	373	331	354	361	369	346	355	367	379	345
	Non Resident Outsourcing facility	33	33	34	33	30	29	32	33	35	33	32	31	31
	Non Resident Pharmacy	866	874	876	885	882	898	910	911	924	923	923	934	943
	Non-Resident Wholesale Distributor	604	635	644	660	624	634	643	641	610	624	635	641	612
	Non Restricted Manufacturer	28	28	29	30	31	32	34	34	35	35	35	35	32
	Non-Resident Third Party Logistics Prov.	169	182	186	191	181	181	194	206	207	219	229	238	234
	Non Resident Warehouser	79	91	96	101	98	99	105	115	109	114	123	130	127
	Outsourcing Facility	-	-	-	-	-	-	-	-	1	1	1	1	1
	Permitted Physician	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacist	15,668	15,865	16,210	16,445	15,858	16,079	16,414	16,619	16,064	16,273	16,606	16,796	16,147
	Pharmacist-Volunteer Registration	-	-	-	-	-	-	-	-	-	1	-	-	-
	Pharmacy	1,772	1,771	1,770	1,767	1,773	1,768	1,765	1,765	1,762	1,755	1,751	1,738	1,744
	Pharmacy Intern	1,464	1,489	1,499	1,457	1,247	1,312	1,267	1,352	1,166	1,235	1,213	1,274	1,074
	Pharmacy Technician	12,751	13,248	13,689	14,042	12,421	12,924	13,522	13,875	12,312	12,871	13,310	13,640	12,275
	Pharmacy Technician Trainee	831	2,406	3,309	4,628	5,930	6,258	6,977	8,041	8,581	8,178	8,190	8,063	8,095

Virginia Department of
Health Professions

Current Count of Licenses

Quarterly Summary

Quarter 3 - Fiscal Year 2024

Current licenses by board and occupation as of the last day of the quarter.

** New Occupation

*** Veterinary Establishments are now grouped together, as the board works on designating existing establishments as "Ambulatory" or "Stationary", instead of "Full Service" or "Restricted Service".

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

BOARD	Occupation	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	CURRENT Q3 2024
Pharmacy	Pharmacy Technician Training Program	126	136	138	133	128	126	-	-	-	-	-	-	-
	Physician Selling Controlled Substances	558	571	614	631	537	571	600	645	543	565	596	632	547
	Physician Selling Drugs Location	163	165	168	167	160	160	160	164	125	131	135	139	127
	Pilot Programs	24	24	17	20	18	25	23	20	15	15	13	14	15
	Registered Physician for CBD/THC-A Oil	-	-	-	-	-	-	-	-	-	-	-	-	-
	Repackaging Training Program	2	2	2	2	2	2	2	2	2	2	2	2	2
	Restricted Manufacturer	39	41	41	41	36	36	36	36	33	32	32	32	32
	Third Party Logistics Provider	7	7	7	7	8	7	7	7	6	6	6	6	5
	Warehouser	119	120	121	122	117	121	121	122	123	125	127	129	126
	Wholesale Distributor	64	65	66	66	60	62	64	63	60	60	60	63	59
	Total	37,502	40,005	41,813	43,772	42,303	43,589	45,203	47,019	44,933	45,486	46,374	46,935	44,451
Pharmaceutical Processing[1]	Pharmaceutical Processor Permit	4	4	4	4	4	4	4	4	4	4	4	4	-
	Registered Agent For Medical Cannabis	65	103	141	162	180	179	181	166	158	137	109	79	-
	Registered Practitioner for CBD/THC-A Oil	685	797	920	997	720	873	1,059	1,164	938	1,051	1,051	1,051	-
	Registered Par/Guard For Medical Cannab	136	183	212	235	258	262	210	163	133	74	38	28	-
	Registered Patient For Medical Cannabis	17,257	26,136	33,204	39,468	47,466	52,903	45,434	38,071	29,214	16,201	7,547	5,282	-
	Registered Product	216	372	568	842	1,178	1,566	1,949	2,271	2,770	3,158	3,489	3,918	-
		18,363	27,595	35,049	41,708	49,806	55,787	48,837	41,839	33,217	20,625	12,238	10,362	-
Physical Therapy	Direct Access Certification	1,333	1,345	1,376	1,384	1,396	1,406	1,420	1,427	1,437	1,448	1,250	1,257	1,268
	Physical Therapist	8,603	8,901	9,161	9,245	9,382	9,634	9,906	10,022	8,878	9,146	9,403	9,523	9,640
	Physical Therapist Assistant	3,641	3,714	3,816	3,852	3,901	3,969	4,061	4,093	3,615	3,676	3,758	3,791	3,835
	Total	13,577	13,960	14,353	14,481	14,679	15,009	15,387	15,542	13,930	14,270	14,411	14,571	14,743
Psychology	Applied Psychologist	29	24	26	27	27	28	25	25	25	25	23	24	24
	Clinical Psychologist	4,130	3,888	4,082	4,224	4,325	4,418	4,230	4,360	4,461	4,573	4,517	4,607	4,692
	Resident in School Psychology	11	11	12	13	13	13	21	24	26	27	29	33	35
	Resident In Training	373	368	376	376	380	380	397	395	392	392	404	397	392
	School Psychologist	102	90	97	98	99	100	96	96	100	103	98	99	100
	School Psychologist-Limited	648	560	622	640	658	673	550	569	583	598	577	592	601
	Sex Offender Treatment Provider	447	414	433	437	444	455	421	427	439	450	441	450	452
	SOTP Trainee	135	131	125	110	99	100	95	97	79	78	79	80	81
	Total	5,875	5,486	5,773	5,925	6,045	6,167	5,835	5,993	6,105	6,246	6,168	6,282	6,377

1. The Pharmaceutical Processors Program has moved from DHP's Board of Pharmacy to Virginia Cannabis Control Authority since Q3 2024. DHP is no longer licensing Pharmaceutical Processors.

Enforcement Division Inspections Report:

Prepared for the June 25, 2024 - Board of Pharmacy Meeting

Quarterly Inspection Completed Review – Date Range: 01/01/2024 - 03/31/2024

Numbers of Inspections Completed by License Type:

Insp Status	License Type	Change of Location	Compliance	New	Reinspection	Remodel	Routine	Grand Total
Completed	Business CSR	5		19		7	90	121
	Limited Use Facility Dispensing			1				1
	Medical Equipment Supplier	2		4			4	10
	Pharmacy	8	5	17	11	34	176	251
	Physician Selling Drugs Location			2		1	15	18
	Warehouser			1		1	6	8
	Wholesale Distributor			1	1		1	3
Completed Total		15	5	45	12	43	292	412
Completed Virtual	Business CSR			12	1		6	19
	Medical Equipment Supplier	1		1			1	3
	Pharmacy	1			3	1	1	6
	Warehouser	1						1
	Wholesale Distributor	1						1
Completed Virtual Total		4		13	4	1	8	30
Grand Total		19	5	58	16	44	**300**	442

Enforcement Division Inspections Report:
Prepared for the June 25, 2024 - Board of Pharmacy Meeting

Quarterly Routine Deficiency Review Date Range: 01/01/2024 – 03/31/2024
Routine Inspections - Deficiencies by License Type:

License Type	Attempted-No Inspection Required	Deficiency	Deficiency & IPHCO	No Deficiency	Grand Total
Business CSR		40		56	96
Medical Equipment Supplier	1	1		3	5
Pharmacy		63	61	53	177
Physician Selling Drugs Location	1	13		1	15
Warehouser				6	6
Wholesale Distributor		1			1
Grand Total	2	118	61	119	300

** New, Change of Location, Remodel, Reinspection, Pilot, and Compliance Inspections Removed*

Categories of Deficiencies for Occurrences Date Range: 01/01/2024 - 3/31/2024
Routine Inspections - Recorded >20 Times with Examples:

Description	Number of times for occurrence
110-20-180	*32*

Deficiency 9a: Alarm is operational but does not fully protect the prescription department.
Unable to determine if the alarm system is capable of sending an alarm signal to the monitoring entity
Waiver Requested- Access to the alarm system for the prescription department area of the pharmacy shall be restricted to the pharmacists working at the pharmacy, except for access by other persons in accordance with 18VAC110-20-190 B 2. The site wants to allow nurses. Request appears reasonable due to the scope of services.
Security. The device does not fully protect the prescription department

110-20-190	*21*

Deficiency 10: Unauthorized access to locking device to the prescription department.
Deficiency 12: Storage of prescription drugs not in the prescription department.

Enforcement Division Inspections Report:
Prepared for the June 25, 2024 - Board of Pharmacy Meeting

Description **Number of times for occurrence**

Deficiency 108: Emergency access alarm code/key not maintained in compliance.

110-20-240	*25*

Deficiency 13: Biennial inventory over 30 days late.
Deficiency 14: No incoming change of Pharmacist-in-Charge inventory and the Pharmacist-in-Charge inventory taken.
Deficiency 15: Perpetual inventory not being maintained as required.
Deficiency 113: Inventories taken on time, but not in compliance, i.e., no opening or close.

54.1-3404	*53*

Deficiency 13: No biennial inventory, or over 30 days late
Deficiency 16: Theft/unusual loss of drugs not reported to the Board as required.
Deficiency 16: Theft/unusual loss of drugs not reported to the Board as required.
Deficiency 112: Biennial taken late but within 30 days.
Deficiency 148: Theft/unusual loss of drugs reported to board, but report not maintained by pharmacy.
Records of receipt of CII-V drugs does not include the date of receipt.

54.1-3410.2	*55*

Cleanroom does not meet USP requirements
Deficiency 33: Category 1 or Category 2 CSPs assigned inappropriate beyond use date (BUD).
Deficiency 130: Required compounding records not complete and properly maintained.
Deficiency 130a. Compounded products not properly labeled.
Deficiency 133. Compounding facilities and equipment used in performing non-sterile compounds not in compliance with §54.1-3410.2.
Deficiency 147: Particle counts, environmental sampling, and smoke pattern testing not performed under dynamic conditions.

Enforcement Division Inspections Report:

Prepared for the June 25, 2024 - Board of Pharmacy Meeting

Two Year Inspection Completed Review Date Range: 01/01/2022 - 01/01/2024

Number of Inspections Completed by License Type:

License Type	Audit	Change of Location	Change of Owner	Compliance	Focus	New	Pilot	Reinspection	Remodel	Routine	Grand Total
Business CSR		50			1	236	2	14	50	897	1250
Cannabis Dispensing Facility						15		3		12	30
Limited Use Facility Dispensing						3		1			4
Medical Equipment Supplier		18				31			1	135	185
Non-resident Medical Equipment Supplier						2					2
Non-restricted Manufacturer		1				6		5	1	2	15
Outsourcing Facility						1		1			2
Pharmaceutical Processor Permit		2						1	9	11	23
Pharmacy	1	33	1	8	3	94		93	393	1326	1952
Physician Selling Drugs Location		5		3	1	33		5	2	113	162
Pilot Programs							7				7
Third Party Logistics Provider		1				1				5	7
Warehouser		4				12		4	3	85	108
Wholesale Distributor		5				4		2	4	33	48
Grand Total	1	119	1	11	5	438	9	129	463	2619	3795

NOTE: 181 of these inspections were completed virtually.

Reports Extracted: 05/30/2024 from My License Office (MLO) database

- Data extrapolated from MLO / Inspection Completed Detail Reports /Inspection Result Detail Reports.

Recruitment completed, hiring underway and is being completed by HR.

- Very competitive applications during these advertisements.

Report prepared by: Melody J. Morton, Inspections Manager Enforcement Division

Discipline Program Report

Open Cases as of 6/5/24:

	PC	APD	Investigation	FH	IFC	Other	Pending Closure	Entry	TOTALS
Patient Care Cases	75	14	82	3	3	1	0	7	185
Non-Patient Care Cases	66	8	19	4	12	1	7	5	123
						TOTAL:			**308**

Staffing Update:

- First Agency Subordinate proceedings were held this month.
- New Discipline Specialist employee Nicole Copeland
- Rose DeMatteo, Compliance Case Manager, retiring 7/24/24
- New Pharmacy Compliance Program Manager position

Upcoming Disciplinary Proceedings:

June 26, 2024	Ratliff/Dowdy	Informal Conferences
July 10, 2024	Yuan/Richards-Spruill	Informal Conferences
July 11, 2024	All members	Formal Hearings
July 24, 2024	Ratliff/Dowdy	Informal Conferences
August 7, 2024	TBD	Informal Conferences
August 21, 2024	TBD	Informal Conferences
August 29, 2024	All members	Formal Hearings
September 10, 2024	TBD	Informal Conferences
September 18, 2024	TBD	Innovative Pilot Committee
September 24, 2024	All members	Full Board Mtg & Formal Hearings

Virginia Department of Health Professions

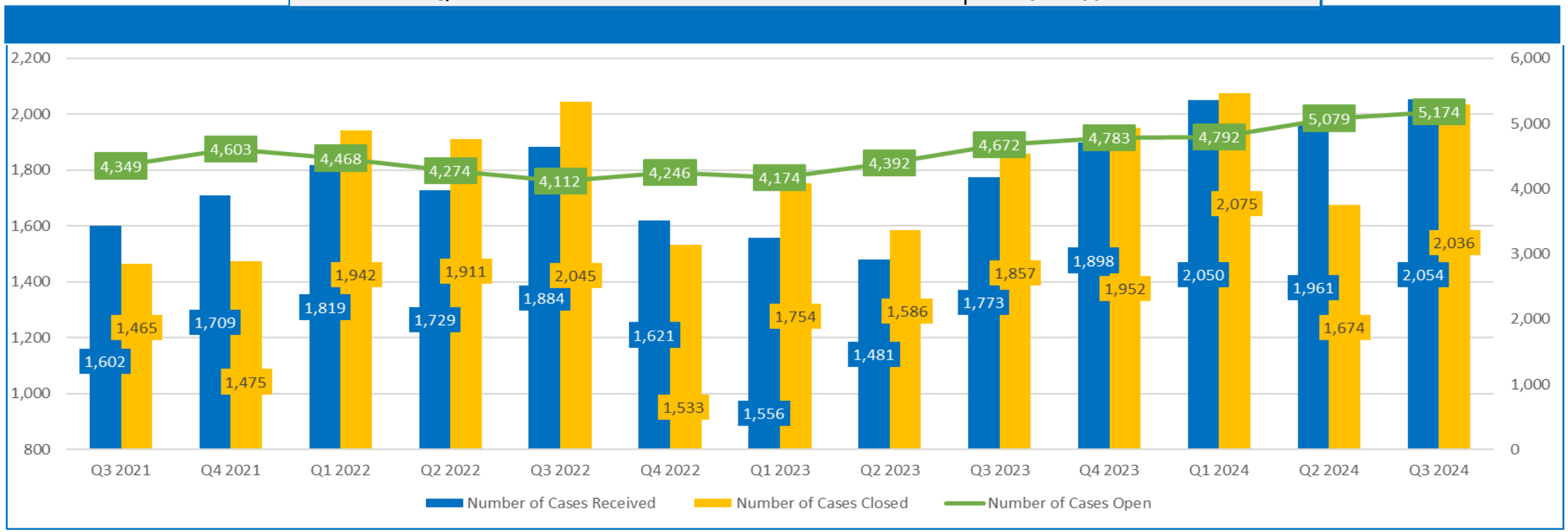
Cases Received, Open & Closed

Agency Summary

Quarter 3 – Fiscal Year 2024

The "Received, Open, Closed" table below shows the number of received and closed cases during the quarters specified and a "snapshot" of the cases still open at the end of the quarter.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30



Virginia Department of Health Professions

Cases Received, Open & Closed

Agency Summary

Quarter 3 – Fiscal Year 2024

The "Received, Open, Closed" table below shows the number of received and closed cases during the quarters specified and a "snapshot" of the cases still open at the end of the quarter.

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		Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	CURRENT Q3 2024
Pharmacy	**Number of Cases Received**	145	160	212	208	220	185	215	210	204	249	206	179	204
	Number of Cases Open	300	332	350	329	399	409	416	437	384	442	390	372	383
	Number of Cases Closed	115	131	193	228	154	181	228	214	288	220	257	199	195
Physical Therapy	**Number of Cases Received**	12	20	11	9	15	3	15	13	10	4	10	27	10
	Number of Cases Open	33	47	46	47	46	39	35	34	36	35	31	55	52
	Number of Cases Closed	8	7	12	8	18	10	21	18	8	5	14	4	15
Psychology	**Number of Cases Received**	36	31	37	32	24	34	20	18	22	31	39	35	32
	Number of Cases Open	130	132	140	159	144	162	163	169	174	172	167	157	154
	Number of Cases Closed	13	32	29	13	39	22	26	16	24	49	44	43	37

Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times (with Continuance Days): Quarterly Performance Measurement, Q3 2020 - Q3 2024

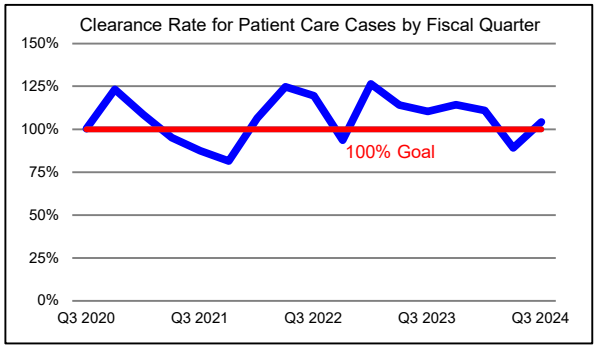
Arne W. Owens
Director

"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."
DHP Mission Statement

In order to uphold its mission relating to discipline, DHP continually assesses and reports on its disciplinary case processing performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement; these three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation. This report includes the number of days the case was in the continuance activity.

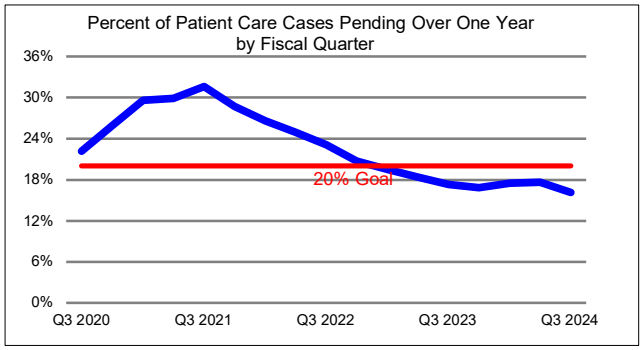
Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct.

The current quarter's clearance rate is 104%, with 1,302 patient care cases received and 1,358 closed.



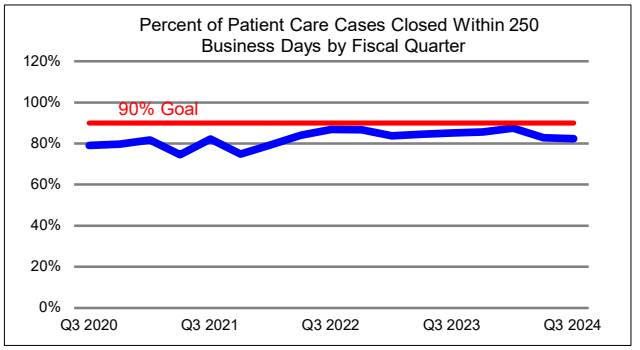
Age of Pending Caseload - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 250 business days at no more than 20%.

The current quarter shows 16% patient care cases pending over 250 business days with 3,572 patient care cases pending and 577 pending over 250 business days.



Time to Disposition - the percent of patient care cases closed within 250 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 250 business days.

The current quarter shows 82% of patient care cases being resolved within 250 business days with 1,307 cases closed and 1,075 closed within 250 business days.



Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days), by Board

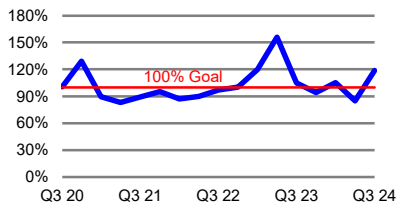
Medicine

Clearance Rate: 119%
400 Cases Received
475 Cases Closed

Pending Caseload: 11%
84 cases out of 793 are pending over 250 Days

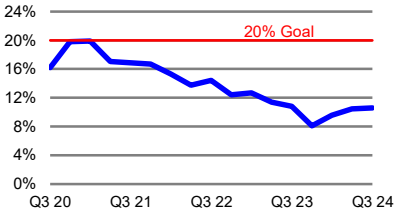
Time to Disposition: 95%
448 cases out of 471 were closed within 250 Days

Clearance Rate

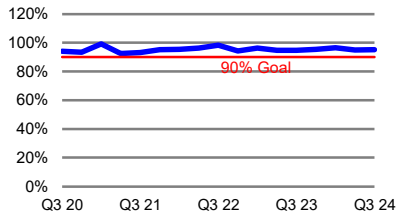


Age of Pending Caseload

(percent of cases pending over one year)



Time to Disposition

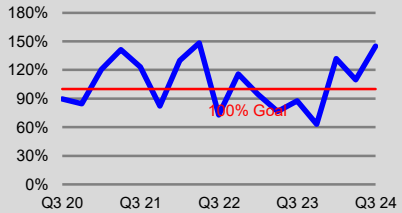


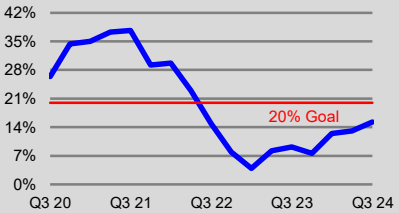
Dentistry

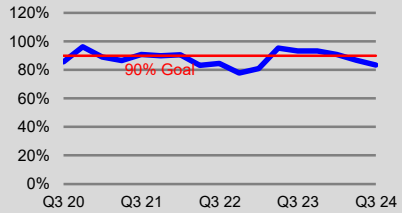
Clearance Rate: 145%
89 Cases Received
129 Cases Closed

Pending Caseload: 15%
41 cases out of 269 are pending over 250 Days

Time to Disposition: 83%
106 cases out of 127 were closed within 250 Days





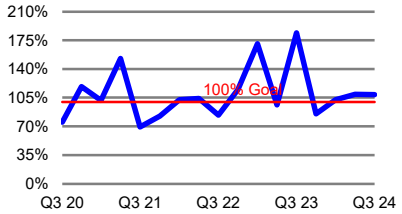


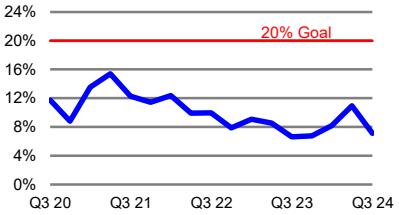
Pharmacy

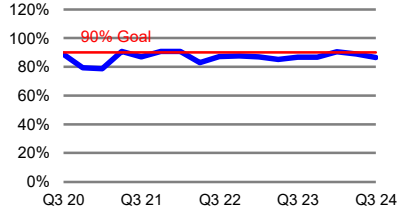
Clearance Rate: 109%
91 Cases Received
99 Cases Closed

Pending Caseload: 7%
14 cases out of 197 are pending over 250 Days

Time to Disposition: 86%
83 cases out of 96 were closed within 250 Days







Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.
Note: If no cases are received and some cases are closed, we assign 100% as clearance rate

Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times (with Continuance Days): Quarterly Performance Measurement, Q3 2020 - Q3 2024

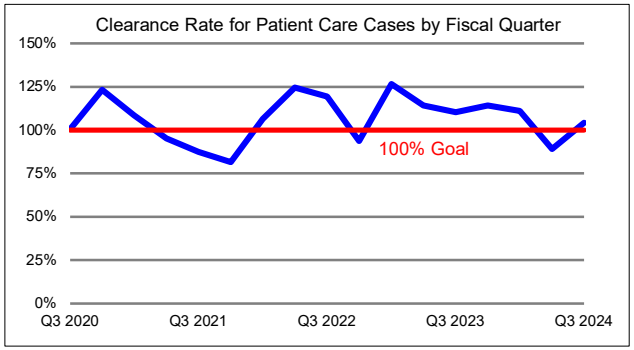
Arne W. Owens
Director

"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."
DHP Mission Statement

In order to uphold its mission relating to discipline, DHP continually assesses and reports on its disciplinary case processing performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement; these three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation. This report includes the number of days that a case was in the continuance activity.

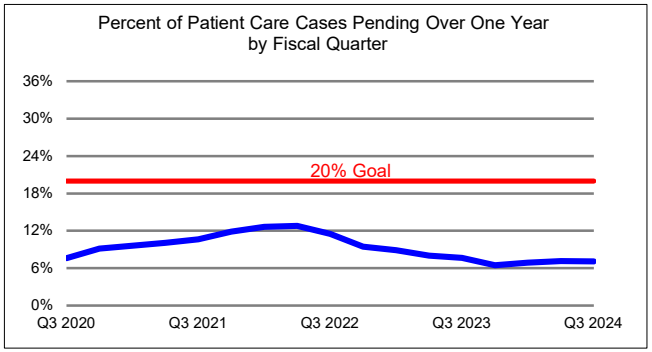
Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct.

The current quarter's clearance rate is 104%, with 1,302 patient care cases received and 1,358 closed.



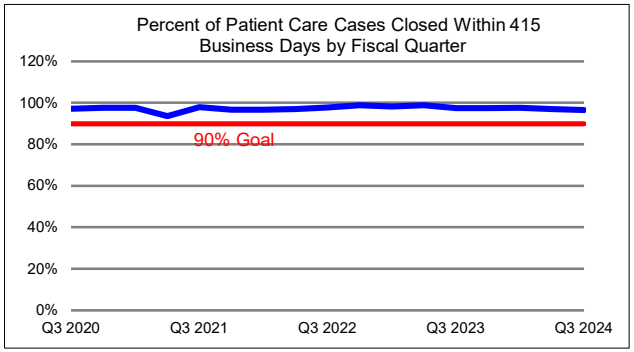
Age of Pending Caseload - the percent of open patient care cases over 415 business days old. This measure tracks the backlog of patient care cases older than 415 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 415 business days at no more than 20%.

The current quarter shows 7% patient care cases pending over 415 business days with 252 of the 3,572 patient care cases pending over 415 business days.



Time to Disposition - the percent of patient care cases closed within 415 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 415 business days.

The current quarter shows 97% of patient care cases being resolved within 415 business days with 1,262 of the 1,307 cases closed within 415 business days.



Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days), by Board

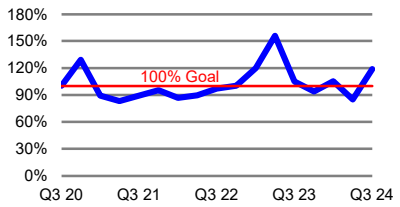
Medicine

Clearance Rate: 119%
400 Cases Received
475 Cases Closed

Pending Caseload Over 415 Days: 5%
40 cases out of 793 are pending over 415 Days

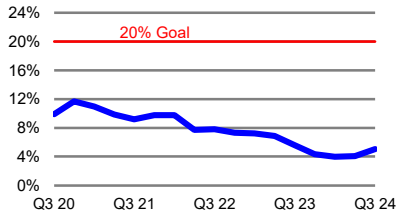
Time to Disposition Within 415 Days: 99%
465 cases out of 471 were closed within 415 Days

Clearance Rate

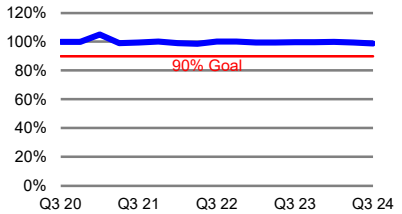


Age of Pending Caseload

(percent of cases pending over one year)



Time to Disposition

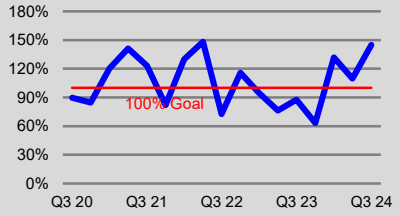


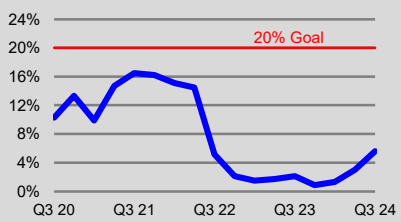
Dentistry

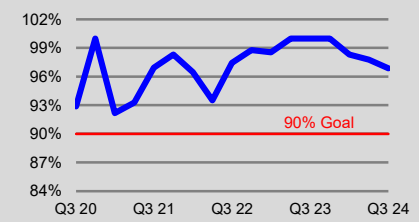
Clearance Rate: 145%
89 Cases Received
129 Cases Closed

Pending Caseload Over 415 Days: 6%
15 cases out of 269 are pending over 415 Days

Time to Disposition Within 415 Days: 97%
123 cases out of 127 were closed within 415 Days





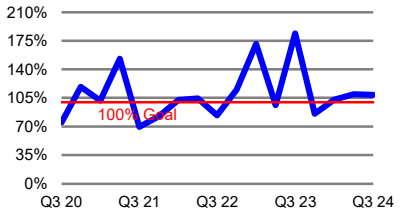


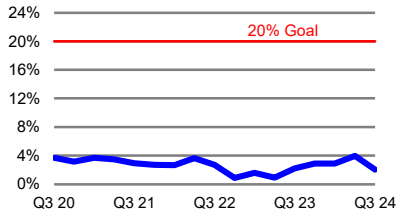
Pharmacy

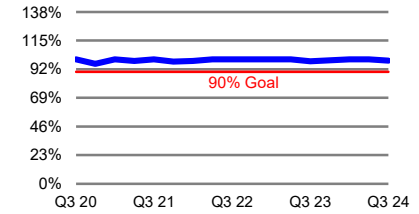
Clearance Rate: 109%
91 Cases Received
99 Cases Closed

Pending Caseload Over 415 Days: 2%
4 cases out of 197 are pending over 415 Days

Time to Disposition Within 415 Days: 99%
95 cases out of 96 were closed within 415 Days







Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.
Note: If no cases are received and some cases are closed, we assign 100% as clearance rate