

**Agency Response to Economic Impact Analysis**  
**Periodic Review**  
**18 VAC 110-20: Regulations Governing the Practice of Pharmacy**

The Board of Pharmacy generally concurs with the analysis of the Department of Planning and Budget (DPB) for amendments to 18 VAC 110-20-10 et seq. as recommended during a periodic review of regulations.

However, there are several statements that need further explanation as follows:

**Renewal and reinstatement**

In the discussion of a required 160-hour internship for pharmacists who have a lapsed Virginia license and have not been actively practicing elsewhere, there is a statement that the pharmacist would likely be paid as a technician during the internship and therefore would lose as much as \$4,480. In reality, the current market for pharmacists is so competitive, it is more likely that the pharmacist would be paid a signing bonus and his full salary while he is serving the 160-hour internship. The pharmacy would ensure that he works along with another licensed pharmacist to oversee his work, but he would not be employed or paid as an intern or technician.

DPB further concludes that it is likely that the pharmacist who is serving the internship would likely learn about the changes in pharmacy law and regulation in recent years through instruction by the supervising pharmacist or PIC. The Board would take exception to such a presumption. First, the opportunities to learn state and federal laws do not always present themselves in a typical work environment; and second, it is incorrect to presume that all licensed pharmacists in Virginia are themselves current with changes in pharmacy law that occur on a regular basis. The only mechanism offering some assurance of knowledge of federal and state law is passage of the jurisprudence exam.

**Practical experience**

It is presumed that the problems described in the first paragraph of this section are directed to current regulation, while the second paragraph explains the benefit of the proposed regulation. The Board would prefer that there be a more clear distinction.

**Labeling and packaging**

In analyzing the proposed change to labeling requirements for hospitals and long term care facilities, DPB has concluded that it is not clear whether the cost savings of not adding the extra information exceeds the increased risk of accidental double doses. The Board would disagree that the change has the potential to increase the risk of double doses in any case. In both settings, there is a single provider or hospital pharmacy that is not going to dispense the same drug (generic and brand) to the same patient based on an order from a physician. The situations necessitating labeling with both names simply do not exist in those settings, so the current requirement places an unnecessary burden on those pharmacies that does not contribute to patient safety.

