



# COMMONWEALTH OF VIRGINIA

## Meeting of the Board of Pharmacy

Perimeter Center, 9960 Mayland Drive, Second Floor  
Henrico, Virginia 23233

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### Tentative Agenda of Pharmacy Technician Duties Workgroup

*September 23, 2021 In-person Meeting (no virtual component)*

1PM

<u>TOPIC</u>	<u>PAGES</u>
<b>Call to Order:</b> William Lee, DPh, Workgroup Chairman	
<ul style="list-style-type: none"> <li>• Welcome &amp; Introductions</li> <li>• Approval of Agenda</li> </ul>	1
<b>Call for Public Comment:</b> The workgroup will receive public comment at this time. The work group will not receive comment on any board regulation process for which a public comment period has closed or any pending disciplinary matters.	
<b>Agenda Items</b>	
<ul style="list-style-type: none"> <li>• Review charge of workgroup as described in third enactment clause of <a href="#">HB 1304</a> and <a href="#">SB 830</a> (2020 General Assembly)</li> <li>• Excerpts from 2021 NABP Survey of Pharmacy Law</li> <li>• Minutes from May 3, 2021 Regulation Committee Meeting</li> <li>• Discussion regarding development of recommendations related to addition of duties and tasks that a pharmacy technician may perform</li> </ul>	2-4 5-21 22-28
<b>Adjourn</b>	

## **Meeting to Develop Recommendations for Additional Duties for Pharmacy Technicians**

### **Workgroup Members:**

1. Bill Lee, DPh, Workgroup Chairman, Board of Pharmacy Member
2. Cheryl Nelson, PharmD, Chairman, Board of Pharmacy
3. Glenn Bolyard, RPh, Board of Pharmacy Member
4. Patricia Richards-Spruill, RPh, Board of Pharmacy Member
5. Jermaine Smith, PharmD, President, Virginia Association of Chain Drug Stores
6. Kelly Goode, PharmD, Virginia Pharmacists Association
7. Jessica Langley, MS, Executive Director of Education and Advocacy, National Healthcareer Association
8. Jamin Engle, PharmD, Virginia Society of Health-System Pharmacists

# VIRGINIA ACTS OF ASSEMBLY -- 2020 SESSION

## CHAPTER 102

*An Act to amend and reenact §§ 54.1-3300 and 54.1-3321 of the Code of Virginia, relating to pharmacy technicians and pharmacy technician trainees; registration.*

[H 1304]

Approved March 3, 2020

**Be it enacted by the General Assembly of Virginia:**

**1. That §§ 54.1-3300 and 54.1-3321 of the Code of Virginia are amended and reenacted as follows:  
§ 54.1-3300. Definitions.**

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

"Board" means the Board of Pharmacy.

"Collaborative agreement" means a voluntary, written, or electronic arrangement between one pharmacist and his designated alternate pharmacists involved directly in patient care at a single physical location where patients receive services and (i) any person licensed to practice medicine, osteopathy, or podiatry together with any person licensed, registered, or certified by a health regulatory board of the Department of Health Professions who provides health care services to patients of such person licensed to practice medicine, osteopathy, or podiatry; (ii) a physician's office as defined in § 32.1-276.3, provided that such collaborative agreement is signed by each physician participating in the collaborative practice agreement; (iii) any licensed physician assistant working under the supervision of a person licensed to practice medicine, osteopathy, or podiatry; or (iv) any licensed nurse practitioner working in accordance with the provisions of § 54.1-2957, involved directly in patient care which authorizes cooperative procedures with respect to patients of such practitioners. Collaborative procedures shall be related to treatment using drug therapy, laboratory tests, or medical devices, under defined conditions or limitations, for the purpose of improving patient outcomes. A collaborative agreement is not required for the management of patients of an inpatient facility.

"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.

"Pharmacist" means a person holding a license issued by the Board to practice pharmacy.

"Pharmacy" means every establishment or institution in which drugs, medicines, or medicinal chemicals are dispensed or offered for sale, or a sign is displayed bearing the word or words "pharmacist," "pharmacy," "apothecary," "drugstore," "druggist," "drugs," "medicine store," "drug sundries," "prescriptions filled," or any similar words intended to indicate that the practice of pharmacy is being conducted.

"Pharmacy intern" means a student currently enrolled in or a graduate of an approved school of pharmacy who is registered with the Board for the purpose of gaining the practical experience required to apply for licensure as a pharmacist.

"Pharmacy technician" means a person registered with the Board to assist a pharmacist under the pharmacist's supervision.

*"Pharmacy technician trainee" means a person registered with the Board for the purpose of performing duties restricted to a pharmacy technician as part of a pharmacy technician training program in accordance with the provisions of subsection G of § 54.1-3321.*

"Practice of pharmacy" means the personal health service that is concerned with the art and science of selecting, procuring, recommending, administering, preparing, compounding, packaging, and dispensing of drugs, medicines, and devices used in the diagnosis, treatment, or prevention of disease, whether compounded or dispensed on a prescription or otherwise legally dispensed or distributed, and shall include the proper and safe storage and distribution of drugs; the maintenance of proper records; the responsibility of providing information concerning drugs and medicines and their therapeutic values and uses in the treatment and prevention of disease; and the management of patient care under the terms of a collaborative agreement as defined in this section.

"Supervision" means the direction and control by a pharmacist of the activities of a pharmacy intern or a pharmacy technician whereby the supervising pharmacist is physically present in the pharmacy or in the facility in which the pharmacy is located when the intern or technician is performing duties restricted to a pharmacy intern or technician, respectively, and is available for immediate oral communication.

Other terms used in the context of this chapter shall be defined as provided in Chapter 34 (§ 54.1-3400 et seq.) unless the context requires a different meaning.

**§ 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. 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 **satisfactory evidence**:

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

2. *Evidence that he is of good moral character and has satisfactorily 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 that meet the criteria approved by the Board in regulation or that he holds current certification from administered by the Pharmacy Technician Certification Board or the National Healthcareer Association.*

C. ~~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.~~

~~D. In addition, a person enrolled in an approved training program for pharmacy technicians may engage in the acts set forth in subsection A for the purpose of obtaining practical experience required for registration as a pharmacy technician, so long as such activities are directly monitored by a supervising pharmacist.~~

~~E. The Board shall promulgate regulations establishing requirements for evidence:~~

~~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.~~

~~F. D. The Board shall waive the initial registration fee and the first examination fee for the Board-approved examination for a pharmacy technician applicant who works as a pharmacy technician exclusively in a free clinic pharmacy. If such applicant fails the examination, he shall be responsible for any subsequent fees to retake the examination. 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 Pharmacy shall promulgate regulations to implement the provisions of this**



act to be effective within 280 days of its enactment. However, the provisions of subsection B 2 of § 54.1-3321 of the Code of Virginia, as amended by this act, requiring accreditation of a pharmacy technician training program shall become effective July 1, 2022.

3. The Board of Pharmacy shall convene a workgroup composed of stakeholders including representatives of the Virginia Association of Chain Drug Stores, Virginia Pharmacists Association, Virginia Healthcareer Association, Virginia Society of Health-System Pharmacies, and any other stakeholders that the Board of Pharmacy may deem appropriate to develop recommendations related to the addition of duties and tasks that a pharmacy technician registered by the Board may perform. The workgroup shall report its recommendations to the Secretary of Health and Human Resources and the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2021.

## 12. Status of Pharmacy Technicians

State	Designation	Does State:		
		License Technicians?	Register Technicians?	Require Certification?
Alabama	Pharmacy Technician	No	Yes	No
Alaska	Pharmacy Technician	Yes	No	No
Arizona	Pharmacy Technician	Yes	No	Yes RRR
Arkansas	Pharmacy Technician	No	Yes	No
California	Pharmacy Technician	Yes	No	No
Colorado	Pharmacy Technician	No	No	Yes
Connecticut	Pharmacy Technician	No	Yes	No
Delaware	Pharmacy Technician	No	No	No
District of Columbia	Ancillary Personnel	No BBB	Yes BBB	Yes BBB
Florida	Pharmacy Technician	Yes	No	Yes
Georgia	Pharmacy Technician	No	Yes	No
Guam	Pharmacy Technician	No	Yes	No
Hawaii	Pharmacy Technician	No	No	No
Idaho	Pharmacy Technician	No	Yes M	No C4 †
Illinois	Pharmacy Technician	Yes	No	Yes SSS
Indiana	Pharmacy Technician	Yes AAA	No	Yes FFF
Iowa	Pharmacy Technician	No	Yes	Yes PPP
Kansas	Pharmacy Technician	No	Yes	Yes A4
Kentucky	Pharmacy Technician	No	Yes	Yes GGG
Louisiana	Pharmacy Technician	Yes	No	Yes B4
Maine	Pharmacy Technician	Yes G4	—	—
Maryland	Pharmacy Technician	No	Yes	Yes NNN
Massachusetts	Pharmacy Technician	Yes	No	No
Michigan	Pharmacy Technician	Yes	No	No
Minnesota	Pharmacy Technician	No	Yes	No TTT
Mississippi	Pharmacy Technician L	No	Yes	Yes A
Missouri	Pharmacy Technician	No	Yes	No
Montana	Pharmacy Technician	No	Yes	Yes AA
Nebraska	Pharmacy Technician	No	Yes	Yes MMM
Nevada	Pharmaceutical Technician L	No	Yes	No
New Hampshire	Pharmacy Technician	No	Yes	No
New Jersey	Pharmacy Technician	No	Yes	No
New Mexico	Pharmacy Technician N	No	Yes	Yes A
New York	Unlicensed Person	No	No	No
North Carolina	Pharmacy Technician	No	Yes	No EEE
North Dakota	Registered Pharmacy Technician	No	Yes	Yes
Ohio	Pharmacy Technician	No	Yes LL	Yes C4
Oklahoma	Pharmacy Technician	No	Yes O	No
Oregon	Pharmacy Technician	Yes WWW	No	Yes JJJ
Pennsylvania	Pharmacy Technician	No	MMM	No
Puerto Rico	Pharmacy Technician	No	Yes	Yes
Rhode Island	Pharmacy Technician	Yes	No	RRR
South Carolina	Pharmacy Technician	No	Yes	No
South Dakota	Pharmacy Technician	No	Yes	Yes CCC
Tennessee	Pharmacy Technician	No	Yes	No
Texas	Pharmacy Technician	No	Yes	Yes KKK
Utah	Pharmacy Technician	Yes	No	No
Vermont	Pharmacy Technician	No	Yes	No
Virginia	Pharmacy Technician	No	Yes	No QQQ
Washington	Pharmacy Technician	No	No	Yes Y4
West Virginia	Pharmacy Technician	No	Yes	Yes
Wisconsin	Pharmacy Technician	No	No	No
Wyoming	Registered Pharmacy Technician K	Yes KK	Yes KK	Yes E, RRR †

## 12. Status of Pharmacy Technicians (cont.)

State	Does State Require Criminal History Checks for Pharmacy Technician Licensure/Registration? <sup>1</sup>	Technician Registration Fee	Registration Renewal Schedule
Alabama	Yes	\$60	Biennial II
Alaska	No	\$50 HH, UU	Biennial
Arizona	Yes L4	\$72, \$50 trainee	Biennial B
Arkansas	Yes	\$70 II; \$35 YY	Biennial
California	Yes T4	\$195	Biennial S4
Colorado	Yes	—	Biennial
Connecticut	No	\$100	Annual - 3/31
Delaware	No	None	N/A
District of Columbia	Yes	\$50	Biennial
Florida	No B5	\$105	Biennial
Georgia	Yes	\$100	Biennial
Guam	Yes	J	J
Hawaii	N/A	N/A	N/A
Idaho	Yes LLL	\$35	Annual
Illinois	No	\$40 initial; \$25 renewal	Annual
Indiana	Yes	\$25 WW	Biennial
Iowa	No	\$40, \$20 trainee	Z
Kansas	Yes	\$20	Biennial
Kentucky	W4	\$25	Annual
Louisiana	Yes	\$100	Annual
Maine	Yes N4	\$41 I4	Annual
Maryland	—	\$45	Biennial G
Massachusetts	Yes M4	\$150	Biennial G
Michigan	Yes O4	\$58.30	Biennial
Minnesota	No	\$50	Annual
Mississippi	Yes	\$55	Annual
Missouri	Yes	\$35 W	Annual
Montana	No	\$50 initial; \$30 renewal	Annual
Nebraska	Yes FF	\$25	Biennial RR
Nevada	—	\$40	Biennial
New Hampshire	No	\$100	Biennial
New Jersey	Yes	\$70	Biennial
New Mexico	No P4	\$25 initial; \$30 renewal	Biennial
New York	—	N/A	N/A
North Carolina	Q4	\$30	Annual
North Dakota	No	\$35	Annual
Ohio	Yes	\$25 Trainee; \$50 Registered and Certified	Biennial
Oklahoma	U4	\$40	GG
Oregon	Yes	\$100 VV	Biennial
Pennsylvania	N/A	N/A	N/A
Puerto Rico	—	\$50	3 years
Rhode Island	No	\$25	Annual
South Carolina	R4	\$56 initial; \$21 renewal	Annual
South Dakota	No	\$25	Annual
Tennessee	Yes	\$75 biennial	Cyclical
Texas	Yes	\$83 initial; \$80 renewal	Biennial
Utah	Yes V4	\$60 TT	Biennial
Vermont	No	\$50	Biennial
Virginia	No	\$25	Annual
Washington	Yes X4	\$70 initial; \$70 renewal Z4	Annual Z4
West Virginia	Yes	\$25 W, X	Biennial
Wisconsin	—	—	—
Wyoming	Yes	\$50	Annual

<sup>1</sup> New Question added to 2021 Survey.

Colored text denotes change from 2020 edition.

— Indicates information is not available.

## 12. Status of Pharmacy Technicians (cont.)

State	Technician Training Requirements	Technician CPE Requirements	Technician Examination Requirement
Alabama	Yes K4	Yes 6 hrs/2 yrs MM	—
Alaska	Yes S	Yes 10 hrs/2 yrs	No
Arizona	Yes	NN	Yes AA †
Arkansas	No	None	No
California	Yes CC, H	No	No CC
Colorado	No	Yes DDD	No
Connecticut	Yes S	No	No
Delaware	Yes	N/A	No
District of Columbia	Yes BBB	Yes BBB	Yes BBB
Florida	Yes Q	Yes 20 hrs/2 yrs	No
Georgia	No	None	No
Guam	No J	None J	No
Hawaii	No	No	No
Idaho	Yes OO	No C4	No C4
Illinois	Yes PP	Yes A5	Yes QQ
Indiana	Yes	No	No U
Iowa	Yes H	No	No
Kansas	Yes	Yes YYY	Yes A4
Kentucky	No	None	No
Louisiana	Yes	Yes 10 hrs OOO	Yes AA
Maine	Yes UUU	No	No
Maryland	Yes	Yes	Yes
Massachusetts	Yes	No BB	Yes
Michigan	Yes D4	Yes E4	Yes F4
Minnesota	Yes	Yes	No
Mississippi	No	No	No
Missouri	Yes HHH	None	No
Montana	Yes** T	Yes SS	Yes AA
Nebraska	Yes** I	No	No
Nevada	Yes	Yes Y	No
New Hampshire	Yes	Yes P	Yes P
New Jersey	No	No	No
New Mexico	Yes** H	None	Yes AA
New York	No	No	No
North Carolina	Yes	None	No
North Dakota	Yes R	Yes	Yes
Ohio	Yes	Yes 10 hrs/2 yrs J4	Yes P
Oklahoma	Yes	None	Yes
Oregon	Yes III	Yes H4 P	Yes
Pennsylvania	Yes ZZ, MMM	None	No
Puerto Rico	Yes F	Yes 20 hrs/3 yrs	Yes
Rhode Island	Yes	Yes BB	Yes V
South Carolina	Yes DD	Yes 10 hrs/yr EE	Yes DD
South Dakota	Yes D	None	Yes D
Tennessee	No	None	No
Texas	Yes C	Yes 20 hrs/2 yrs XXX	Yes
Utah	Yes	Yes 20 hrs/2 yrs	Yes E
Vermont	Yes J	No J	No
Virginia	Yes V	Yes 5 hrs/yr	Yes V
Washington	Yes VVV	Yes XX	Yes VVV
West Virginia	Yes I, K	None AA	Yes
Wisconsin	No	—	—
Wyoming	Yes ZZ	Yes 6 hrs	Yes E †

Colored text denotes change from 2020 edition.

† Other comments noted in 2020 edition no longer apply.

— Indicates information is not available.

\*\*Contact the state board of pharmacy office to obtain requirements.



## 12. Status of Pharmacy Technicians (cont.)

State	Can Board Deny, Revoke, Suspend, or Restrict Technician Registration?	Maximum Ratio of Technician(s) to Pharmacist in an:	
		Ambulatory Care Setting	Institutional Care Setting
Alabama	Yes	3:1*	3:1*
Alaska	Yes	None	None
Arizona	Yes	None	None
Arkansas	Yes	3:1	3:1
California	Yes	Varies*	2:1
Colorado	Yes	6:1	6:1
Connecticut	Yes	2:1* or 3:1	3:1*
Delaware	N/A	None	None
District of Columbia	Yes	—	—
Florida	Yes	3:1*	3:1*
Georgia	Yes	3:1*	3:1*
Guam	Yes	None J	None J
Hawaii	No	None	None
Idaho	Yes	None*	None*
Illinois	Yes	None	None
Indiana	Yes	6:1*	6:1*
Iowa	Yes	3:1*	None
Kansas	Yes	4:1*	4:1*
Kentucky	Yes	None	None
Louisiana	Yes	3:1*	3:1*
Maine	Yes	None	None
Maryland	Yes	None	None
Massachusetts	Yes	4:1*	4:1*
Michigan	Yes	None	None
Minnesota	Yes	3:1	3:1
Mississippi	Yes	3:1	3:1
Missouri	Yes	None*	None*
Montana	Yes	3:1*	3:1*
Nebraska	Yes ZZZ	3:1	3:1
Nevada	Yes	3:1*	3:1
New Hampshire	Yes	None	None
New Jersey	Yes	2:1*	2:1*
New Mexico	Yes	None	None
New York	No	2:1	2:1
North Carolina	Yes	2:1*	2:1*
North Dakota	Yes	4:1	4:1
Ohio	Yes	None	None
Oklahoma	Yes JJ	2:1	2:1
Oregon	Yes	None	None
Pennsylvania	N/A	None	None
Puerto Rico	Yes	5:1	5:1
Rhode Island	Yes	None	None
South Carolina	Yes	4:1*	Varies*
South Dakota	Yes	3:1	None
Tennessee	Yes	2:1* MMM	2:1* MMM
Texas	Yes	3:1*	None
Utah	Yes	*	*
Vermont	Yes	None	None
Virginia	Yes	4:1	4:1
Washington	Yes	None	None
West Virginia	Yes	4:1	4:1
Wisconsin	—	4:1	4:1
Wyoming	Yes	None	None

\*See "Footnotes (\*)" on page 55.

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— Indicates information is not available.

## 12. Status 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. 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 — May register as “technician-in-training” while working towards certification. This registration is good for two years.
- 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. (OR – Must become certified by the second June 30.)
- 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 current PTCB certification or must have passed a training program and examination approved by the Board. (VA – Exams currently approved are PTCB and ExCPT).
- W — Plus a fingerprint fee paid to a contracted agency.
- X — \$25 initial; \$30 renewal/2 years.
- Y — However, technicians must complete six hours of in-service training per year and one hour of jurisprudence as do pharmacists. (NV – See Section 11, Continuing Pharmacy Education Requirements.)
- Z — Biennial by birth month; trainee registration valid for up to one year and may not be renewed or extended.
- 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



## 12. Status of Pharmacy Technicians (cont.)

Legend cont.

- complete 10 hours of ACPE-accredited CE or CME Category I each year. A minimum of four hours of the total hours must be obtained through attendance at lectures, seminars, or workshops.
- 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; a high school graduate 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 \$41.25 for background check.
- WW — Indiana State Police collect an additional fee for a background check.
- XX — Ten hours of CE credit with one hour in law/ethics. Pending rules will change the pharmacy renewal cycle from one to two years. At the time the pharmacist license is issued for a two-year renewal the CPE requirement will increase to twenty (20) hours (2.0) CPE units and must be ACPE accredited. Anticipated effective March 2021.
- 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 — For sterile compounding.
- III — See OAR 855-025-0025(6).
- JJJ — For initial license as a certified technician, but not for license renewal. Not required for nonrenewable technician license.
- 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.

### NABPLAW 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.”

## 12. Status of Pharmacy Technicians (cont.)

Legend cont.

- PPP — One-year technician trainee registration permitted.
- QQQ — Only required to be actively certified through PTCEB 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 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 — All new pharmacy technicians have up to two years/the second June 30 after initial licensure to obtain national certification. Pharmacy technician licenses are nonrenewable. A one-time extension may be granted pursuant to OAR 855-025-0010(3).
- 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 PTCEB 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 — A one-time training in identifying victims of human trafficking per Rule 338.3659 for initial licenses beginning 2021 and for renewals in 2018.
- 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; 5 credits must be in live courses, programs, or activities; 1 hour must be in pain and symptom management relating to practice of pharmacy; 1 hour must be in patient safety; 1 must be in pharmacy law; and 17 in listed subjects. May take a proficiency examination in lieu of CE.
- F4 — PTCEB, or examination given by the National Healthcareer Association, or nationally recognized and administered certification examination approved by the Board, or an employer-based training program examination approved by the Board.
- G4 — Pursuant to Department Statute, license is defined as License, Registration, or Certificate.
- H4 — 20 hours every two-year cycle: to include two hours of law, two hours of patient safety/error prevention (OAR 855-025-0015(2)(b)). Beginning with the 2022-2024 license cycle, to include two hours of cultural competency.



## 12. Status of Pharmacy Technicians (cont.)

Legend cont.

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| <p>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.</p> <p>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).</p> <p>K4 — Effective January 1, 2020.</p> <p>L4 — For initial applications, the technician applicant submits a fingerprint clearance card.</p> <p>M4 — If an applicant answers yes to any good moral character questions, he or she is required to submit a Criminal Offender Record Information (CORI) Acknowledgement Form with his or her application.</p> <p>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.</p> <p>O4 — Pursuant to MCL 333.16174(3) and MCL 333.17739a.</p> <p>P4 — However, Board may require it.</p> <p>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.</p> <p>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.</p> <p>S4 — Trainee registration not required.</p> <p>T4 — The Board requires Criminal Offender Record Information from the Department of Justice and Federal Bureau of Investigation.</p> <p>U4 — Background checks are conducted randomly, although Board staff has the authority to use discretion to run them on any applicant/registrant.</p> <p>V4 — Utah Code 58-17b-307(1)(a).</p> <p>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.</p> <p>X4 — Criminal history record checks include the Washington State Patrol and, in some cases, an FBI fingerprint background check as well.</p> <p>Y4 — State certification as well as national certification exam administered by a</p> | <p>program accredited by the National Commission for Certifying Agencies.</p> <p>Z4 — Fees are set by the Secretary of Health. Fee rule changes are pending – anticipated effective date March 2021 for changing the fee and renewal cycle to two years.</p> <p>A5 — 20 hours of CPE every 24 months is required; IDFPR is currently working on rules to implement this requirement.</p> <p>B5 — Applicants must answer criminal history questions but a background screening is not required.</p> |
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### Footnotes (\*)

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| <p>AL — 3:1 if one technician is PTCB-certified. All technicians must be at least 17.</p> <p>CA — In community pharmacy, the ratio is 1:1 for the first pharmacist on duty, then 2:1 for each additional pharmacist on duty. 2:1 if pharmacy services patients of skilled nursing facilities or hospices. A pharmacist may also supervise one pharmacy technician trainee gaining required practical experience.</p> <p>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.</p> <p>FL — Rule 64B16-27.410 outlines the acceptable ratios as follows:<br/> 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).<br/> 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 pharmacy is not engaged in sterile compounding.<br/> Eight to one (8:1) ratio: (a) Non-dispensing pharmacies. Any pharmacy which does</p> |
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## 12. Status of Pharmacy Technicians (cont.)

### Footnotes (\*) cont.

	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 pharmacy or pharmacist is not involved in sterile compounding.	NJ	— See NJAC 13:39-6.15(e).
	(b) 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.	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.
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.	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).
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.	TN	— Up to 4:1 if two technicians are certified.
IN	— Technicians must be under the immediate and personal supervision of the pharmacist.	TX	— 4:1 if at least one of the technicians is not a pharmacy technician trainee.
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.	UT	— Pharmacist determined for licensed pharmacy technicians, only one technician-in-training per supervising pharmacist.
LA	— If pharmacy technician candidate is present, then maximum ratio for technicians is 2:1. If not, then the maximum ratio for technicians is 3:1.		
MA	— Up to 4:1 as long as two technicians are certified.		
MO	— Technician must be under the direct supervision and responsibility of a pharmacist.		
MT	— Ratio is 3:1. Licensee may ask Board for variance based on established criteria or greater upon Board approval.		
NC	— Ratio may be increased above 2:1 if additional technicians are certified and the Board approves the increase in advance.		

# 13. Pharmacy Technicians in Hospital/Institutional Setting

May Pharmacy Technicians in the Hospital/Institutional Setting:

State	Accept Called-in Prescription From Physician's Office?	Enter Prescription Into Pharmacy Computer?	Check the Work of Other Technicians? If Yes, Is There a Requirement for Technology?
Alabama	No	Yes	No
Alaska	No	Yes G	No
Arizona	No	Yes B	Yes, Yes MM
Arkansas	No	Yes	No KK
California	No	Yes E	Yes E, BB, No
Colorado	No	Yes G	Yes G, No
Connecticut	No	Yes	No
Delaware	No	Yes E	No
District of Columbia	No	Yes G	No
Florida	No	Yes	No
Georgia	No	Yes	No
Guam	No	Yes E, G	No
Hawaii	No	Yes E, G	No
Idaho	Yes	Yes	Yes S
Illinois	Yes VV †	Yes VV †	Yes VV, No
Indiana	No	Yes †	No PP
Iowa	Yes	Yes G	Yes, Yes
Kansas	No	Yes G	Yes G, BB, No
Kentucky	No	Yes E	No X
Louisiana	Yes	Yes	No
Maine	Yes †	Yes J	No J
Maryland	No	Yes	No
Massachusetts	Yes	Yes G	No
Michigan	Yes	Yes G	Yes G, LL
Minnesota	No	Yes	No C
Mississippi	No	Yes E, G	No
Missouri	Yes	Yes E, G	No
Montana	Z, DD	Yes	No O
Nebraska	No	Yes	No C
Nevada	No	Yes	No
New Hampshire	Yes	Yes G	No
New Jersey	No	Yes G	No
New Mexico	No	Yes	No
New York	No	Yes G	No
North Carolina	Yes	Yes	No II
North Dakota	Yes	Yes	Yes G, No
Ohio	Yes U	Yes G	No
Oklahoma	No	Yes	No
Oregon	No	Yes	Yes EE
Pennsylvania	No	Yes E, G	No
Puerto Rico	No	Yes N	No
Rhode Island	Yes	Yes	No
South Carolina	Yes	Yes E	Yes M
South Dakota	No	Yes G	No C
Tennessee	Yes	Yes G	No
Texas	No	Yes	Yes V, No
Utah	No	Yes G, I	Yes BB
Vermont	No	Yes E	No
Virginia	No	Yes G	No TT
Washington	Yes Z	Yes	Yes †
West Virginia	No	Yes E, G	Yes E, G, RR
Wisconsin	Z	Yes	No
Wyoming	No	Yes E, G	No



# 13. Pharmacy Technicians in Hospital/Institutional Setting (cont.)

May Pharmacy Technicians in the Hospital/Institutional Setting:

State	Call Physician for Refill Authorization?	Compound Medications for Dispensing?	Transfer Prescription Orders?
Alabama	No H	Yes G	No
Alaska	Yes D, G	Yes G	No
Arizona	Yes B	Yes B, FF	Yes Y
Arkansas	Yes D	Yes	No
California	Yes E	Yes E	No
Colorado	Yes D	Yes G	Yes SS
Connecticut	Yes D	Yes E	No
Delaware	Yes	Yes F	No
District of Columbia	No G	Yes G	No
Florida	Yes	Yes CC	No
Georgia	No	No W	No
Guam	No	Yes E, G	No
Hawaii	No	Yes E, G	No
Idaho	Yes	Yes	Yes
Illinois	Yes VV †	Yes VV †	Yes VV, WW
Indiana	Yes	Yes	No
Iowa	Yes G	Yes G	Yes OO
Kansas	Yes D	Yes G	No
Kentucky	Yes E, D	Yes E	No
Louisiana	Yes	Yes E	Yes Y
Maine	Yes J	Yes J	No J
Maryland	Yes	Yes G	No
Massachusetts	Yes	Yes B, G	No
Michigan	No	Yes G	Yes Q
Minnesota	Yes	Yes P	No
Mississippi	Yes E, G	Yes E, G	No
Missouri	Yes E, G	Yes E, G	Yes E, G, Y
Montana	Yes D, DD	Yes DD	No
Nebraska	Yes	Yes BB	No
Nevada	Yes	Yes	No
New Hampshire	Yes U	Yes G, UU	Yes HH
New Jersey	Yes D	Yes E, G	No
New Mexico	Yes D	Yes E, G	No
New York	No	No	No
North Carolina	Yes U	Yes E	Yes U
North Dakota	Yes	Yes G	Yes
Ohio	Yes U	Yes E, JJ	Yes OO
Oklahoma	Yes D	Yes L	No
Oregon	Yes	Yes E, G	No
Pennsylvania	No	Yes E, F, G	No
Puerto Rico	No	Yes N	Yes N
Rhode Island	Yes	Yes G	Yes I
South Carolina	Yes M, Y	Yes E	Yes M, Y
South Dakota	Yes	Yes G	No
Tennessee	Yes G	Yes G	Yes U
Texas	Yes D	Yes E, R	No
Utah	Yes D	Yes G	No
Vermont	No	Yes A, B	No
Virginia	Yes D, Z	Yes E, G	No
Washington	Yes QQ	Yes T	No
West Virginia	Yes D	Yes G, T	No
Wisconsin	D, Z	Yes B, G	No
Wyoming	Yes D, E, G	Yes E, G, FF	Yes Y

Colored text denotes change from 2020 edition.

† Other comments noted in 2020 edition no longer apply.



# 13. Pharmacy Technicians in Hospital/Institutional Setting (cont.)

## Legend

- |   |   |
|---|---|
| <p>A — Activities not addressed in statutes or regulations.</p> <p>B — Subject to approved policy and procedure manuals, pharmacy technician training, and pharmacist final verification and initialing.</p> <p>C — Only after obtaining a variance from the board. (In limited situations.)</p> <p>D — If there are any changes to the prescription and/or if professional discretion and consultation is involved, the pharmacist must handle the call.</p> <p>E — Allowed activity must be under the direct supervision of a licensed pharmacist. (HI – “Immediate supervision.” KY – Direct supervision if technician is not certified by the PTCB; if certified, then technician may perform activity under indirect supervision. LA – “Direct and immediate” supervision.)</p> <p>F — Compounding is the responsibility of the pharmacist or pharmacy intern under the direct supervision of the pharmacist. The pharmacist may utilize the assistance of supportive personnel under certain conditions. Contact the board for requirements.</p> <p>G — Pharmacist must verify, check, and/or is responsible for allowed activities. (DC – Pharmacist must call for refill authorization for Schedule III through V. Pharmacist must receive oral prescription for Schedule II. RI – Except in the case of Schedule II controlled substances, only a pharmacist may receive an oral prescription. WV – Pharmacist must complete final check of the technician’s work).</p> <p>H — If there are any changes to the prescription and/or if professional consultation is involved, the pharmacist must handle the call. May fax a refill request to a physician’s office if approved by the pharmacist. A refill is considered to be an authorization for a new prescription. Technicians may not take verbal orders from an agent or a physician for a new prescription.</p> <p>I — Allowed activity must be under the general supervision of a licensed pharmacist.</p> <p>J — May accept call-ins for refill approvals or denials.</p> <p>K — Allowed activity limited to pharmacist interns.</p> <p>L — Bulk compounding allowed.</p> <p>M — A supervising pharmacist may authorize a certified pharmacy technician to (1)</p> | <p>receive and initiate verbal telephone orders; (2) conduct one-time prescription transfers; (3) check a technician’s refill of medications if the medication is to be administered by a licensed health care professional in an institutional setting; and (4) check a technician’s repackaging of medications from bulk to unit dose in an institutional setting.</p> <p>N — Pharmacy Act allows pharmacy technicians to perform the tasks assigned by the pharmacist under his or her direct supervision. Puerto Rico Supreme Court has recognized that only pharmacists are prepared to do patient counseling.</p> <p>O — Board approval required before implementation of tech-check-tech program.</p> <p>P — Stage checking required for certain high-risk compounded products.</p> <p>Q — If there are policies and procedures in place that allow delegation and that comply with Board Administrative Rules 338.490 and 338.3162.</p> <p>R — Must have special training. Contact the Board for training requirements.</p> <p>S — If not performed by a pharmacist or prescriber, an electronic verification system must be used that confirms the drug stock selected to fill the prescription is the same as indicated on the prescription label.</p> <p>T — Bulk compounding and intravenous preparation are allowed, but “extemporaneous” compounding is not allowed (WA – specialized function for IV admixture and parenteral products – requires Commission approval of training and product checking by pharmacist).</p> |
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## NABPLAW Online Search Terms

Pharmacy Technicians in Hospital/Institutional Setting (*type as indicated below*)

- technician duties hospital
- technician registration hospital
- technician requirements hospital
- technician training hospital

**Note:** “ancillary personnel,” “non-licensed personnel,” and “support personnel” can be substituted for “technician”; “institutional” can be substituted for “hospital.”

## 13. Pharmacy Technicians in Hospital/Institutional Setting (cont.)

Legend cont.

- U — Certified technicians only.
- V — Contact the Board for requirements.
- W — May compound IV admixtures only if pharmacist verifies the final product for accuracy, efficacy, patient utilization, and has a mechanism to verify the measuring of active ingredients added to the IV mixture.
- X — Limitation 201 KAR 2:045.
- Y — Non-controlled only. (AZ – May only do electronic transfers of non-controlled drugs between pharmacies owned by the same company using a common or shared database.)
- Z — Can accept refills if no changes. (WI – New prescriptions must be recorded.)
- AA — Certified technicians only with supervising pharmacist authorization.
- BB — Board allows for a specifically trained technician to check the work of another technician in an acute care hospital under certain conditions. (UT – Only in hospital pharmacy.)
- CC — The pharmacy technician may only assist with compounding under the direct supervision of a pharmacist.
- DD — Technicians can work up to 30 minutes alone in the pharmacy while a pharmacist has a mandatory lunch break (up to 30 minutes) on the premises.
- EE — Hospitals may apply to the Board for approval of technician checking validation programs that meet certain conditions. Only applies to unit-dose drug distribution systems, including automated distribution cabinets and nonemergency kits and trays (OAR 855-041-5100).
- FF — Technicians only. Technician trainees cannot compound.
- GG — (1) may take refill orders; (2) may accept new prescription drug orders telephonically or electronically submitted for a pharmacist to review; and (3) may not receive new verbal prescriptions or medication orders, clarify prescriptions or medication orders, nor perform a drug utilization review.
- HH — Certified pharmacy technician. Ph 812.02 (a)(1) and (2).
- II — Board rule allows technicians with an AAS degree in pharmacy technology to check other technicians' work in certain non-patient-specific distributive functions at inpatient hospitals.
- JJ — Certified technicians may perform sterile and nonsterile compounding; registered technicians may only perform nonsterile compounding.
- KK — Except one pilot program.
- LL — A pharmacy technician may only perform activities of functions described in Section 17739 of the Public Health Code, MCL 333.17739, under the supervision and personal charge of the pharmacist or dispensing prescriber.
- MM — Only technicians; not trainees in compliance with Board rule.
- NN — Technicians may not perform the final check of a prescription.
- OO — Certified technicians only can transfer non-controlled prescription orders. Technicians must be approved by supervising pharmacist to transfer prescription orders.
- PP — Technicians may not perform the final check of a prescription.
- QQ — For refill requests only made by stating the patient's name, medication and strength, number of doses, and date of prior refills.
- RR — Pharmacy technician furnishes to the Board an affidavit signed and dated by the supervising pharmacist-in-charge of the facility, which will employ the applicant attesting to the applicant's competency in the advanced areas of practice that he or she will practice, and has either (a) worked as a full-time registered pharmacy technician holding a pharmacy technician endorsement in West Virginia for at least the previous two years; or (b) worked as a full-time registered pharmacy technician in good standing in another jurisdiction for at least the previous two years. See §30-5-12.a.8.
- SS — Effective March 30, 2020.
- TT — Except through an innovative pilot program typically involving use of technology.
- UU — Registered pharmacy technicians-in-training may perform data entry and other certified duties under supervision of a pharmacist for one year, then certification is required (Ph 807.02(d)).
- VV — Allowed activity must be under the supervision of a licensed pharmacist.
- WW — Refer to 68 Illinois Administrative Code Section 1330.720.



# 14. Pharmacy Technicians in Community Setting

May Pharmacy Technicians in the Community Setting:

State	Accept Called-in Prescription From Physician's Office?	Enter Prescription Into Pharmacy Computer?	Check the Work of Other Technicians?
Alabama	No	Yes	No
Alaska	No	Yes E	No
Arizona	No	Yes B	Yes Z
Arkansas	No	Yes	No
California	No	Yes D	No
Colorado	No	Yes E	Yes E
Connecticut	No	Yes D, E	No
Delaware	Yes	Yes D	No
District of Columbia	No	Yes E	No
Florida	No	Yes	No
Georgia	No	Yes	No
Guam	No	Yes D, E	No
Hawaii	No	Yes D, E	No
Idaho	Yes	Yes	Yes GG
Illinois	Yes I	Yes I	Yes I
Indiana	No G	Yes	No S
Iowa	Yes E	Yes E	Yes X
Kansas	No G	Yes E	No
Kentucky	No H	Yes D	No
Louisiana	Yes	Yes	No
Maine	Yes	Yes	No
Maryland	No	Yes	No
Massachusetts	Yes R	Yes E	No
Michigan	Yes E	Yes E	Yes E
Minnesota	No	Yes	No
Mississippi	No	Yes D, E	No
Missouri	Yes D, E	Yes D, E	No
Montana	No	Yes I, V	No
Nebraska	No	Yes	No
Nevada	No	Yes	No
New Hampshire	Yes R	Yes E	Yes NN
New Jersey	No	Yes E	No
New Mexico	No	Yes	No
New York	No	Yes E	No
North Carolina	Yes R	Yes	No
North Dakota	Yes	Yes	Yes E
Ohio	Yes R	Yes E	No
Oklahoma	No H	Yes	No
Oregon	No	Yes	No
Pennsylvania	No	Yes D, E	No
Puerto Rico	Yes O	Yes O	No
Rhode Island	Yes R	Yes	No
South Carolina	Yes K, R	Yes D	Yes T
South Dakota	No	Yes D	No
Tennessee	Yes E, R	Yes E	No
Texas	No	Yes	No
Utah	No DD	Yes E	No
Vermont	No	Yes	No
Virginia	No	Yes E	No
Washington	Yes OO †	Yes	Yes †
West Virginia	No	Yes D, E	Yes D, E, KK
Wisconsin	M, Y	Yes	No
Wyoming	No	Yes D, E	No

# 14. Pharmacy Technicians in Community Setting (cont.)

May Pharmacy Technicians in the Community Setting:

State	Call Physician for Refill Authorization?	Compound Medications for Dispensing?	Transfer Prescription Orders?
Alabama	No Q	Yes E	No
Alaska	Yes E, M	Yes E	No
Arizona	Yes B	Yes B, EE	Yes AA
Arkansas	Yes M	Yes D, E	Yes LL
California	Yes D	Yes D, E	No
Colorado	Yes	Yes E	Yes MM
Connecticut	Yes M	Yes D, E	No
Delaware	No	Yes F	No
District of Columbia	No E	Yes E	No
Florida	Yes	Yes BB	No
Georgia	No	No	No
Guam	No	Yes D, E	No
Hawaii	No	Yes D, E	No
Idaho	Yes	Yes	Yes
Illinois	Yes I	Yes I	Yes I, PP
Indiana	Yes	Yes	No
Iowa	Yes E	Yes E	Yes J
Kansas	Yes	Yes E	No
Kentucky	Yes D, M	Yes D	No
Louisiana	Yes	Yes D	Yes K
Maine	Yes	Yes	No
Maryland	Yes W	Yes E	No
Massachusetts	Yes U	Yes E	Yes CC
Michigan	No	Yes E	Yes C
Minnesota	Yes	Yes	No
Mississippi	Yes D, E	Yes D, E	No
Missouri	Yes D, E	Yes D, E	Yes D, E, K
Montana	Yes M, V	Yes L, V	No
Nebraska	Yes	Yes BB	No
Nevada	Yes	Yes	No
New Hampshire	No NN	Yes E	No NN
New Jersey	Yes M	Yes D, E	No
New Mexico	Yes E	Yes D, E	No
New York	No	No	No
North Carolina	Yes R	Yes E	Yes R
North Dakota	Yes	Yes E	Yes
Ohio	Yes R	Yes D, HH	Yes J
Oklahoma	Yes M	Yes L	No
Oregon	Yes II	Yes D, E	No Z
Pennsylvania	No	Yes D, E, F	No
Puerto Rico	Yes O	Yes O	Yes O
Rhode Island	Yes	Yes E	Yes I
South Carolina	Yes K, R	Yes D	Yes K, T
South Dakota	Yes	Yes E	No
Tennessee	Yes	Yes E	Yes R
Texas	Yes M	Yes D, N	No
Utah	Yes M	Yes E	No
Vermont	No	Yes A, B	No
Virginia	Yes M	Yes D, E	No
Washington	Yes OO †	Yes †	No
West Virginia	Yes D, E, M	Yes D, E, P	No
Wisconsin	Yes M, Y	Yes B	No
Wyoming	Yes D, E, M	Yes D, E	Yes K, EE

Colored text denotes change from 2020 edition.

† Other comments noted in 2020 edition no longer apply.



# 14. Pharmacy Technicians in Community Setting (cont.)

## Legend

- A — Activities are not addressed in laws or statutes.
- B — Subject to approved policy and procedure manuals, pharmacy technician training, and pharmacist final verification and initialing.
- C — Yes, if there are policies and procedures in place that allow delegation and that comply with Board Administrative Rules 338.490 and 338.3162.
- D — Allowed activity must be under the direct supervision of a licensed pharmacist. (HI – “Immediate supervision.” KY – Direct supervision if technician is not certified; if certified by the PTCB, then technician may perform activity under indirect supervision. LA – “Direct and immediate” supervision.)
- E — Pharmacist must verify, check, and/or is responsible for allowed activities. (DC – Pharmacist must obtain oral authorization for Schedule III through V refill. Pharmacist must receive oral prescription for Schedule II. WV – Pharmacist must complete the final check of the technician’s work.)
- F — Compounding is the responsibility of the pharmacist or pharmacy intern under the direct supervision of the pharmacist. The pharmacist may utilize the assistance of supportive personnel under certain conditions. Contact board for requirements.
- G — Unless it is regarding a refill.
- H — Allowed activity limited to pharmacists and interns. (KY – Under direct supervision.)
- I — Allowed activity must be under the supervision of a licensed pharmacist.
- J — Certified technicians only can transfer non-controlled prescription orders. Technicians must be approved by supervising pharmacist to transfer prescription orders.
- K — Non-controlled only.
- L — Bulk compounding allowed.
- M — If there are any changes to the prescription and/or if professional discretion and consultation is involved, the pharmacist must handle the call.
- N — Must have special training. Contact the Board for training requirements.
- O — Pharmacy Act allows pharmacy technicians to perform the tasks assigned by the pharmacist under his or her supervision. Puerto Rico Supreme Court has recognized that only pharmacists are prepared to do patient counseling.
- P — Bulk compounding and intravenous preparation are allowed, but “extemporaneous” compounding is not allowed.
- Q — If there are any changes to the prescription and/or if professional consultation is involved, the pharmacist must handle the call. May fax a refill request to a physician’s office if approved by the pharmacist. A refill is considered to be an authorization for a new prescription. Technicians may not take verbal orders from an agent or a physician for a new prescription.
- R — If technician is certified. (SC – Only with supervising pharmacist authorization.)
- S — Technicians may not perform the final check on any prescription.
- T — A supervising pharmacist may authorize a certified pharmacy technician to (1) receive and initiate verbal telephone orders; (2) conduct one-time prescription transfers; (3) check a technician’s refill of medications if the medication is to be administered by a licensed health care professional in an institutional setting; (4) check a technician’s repackaging of medication from bulk to unit dose in an institutional setting.
- U — Provided no change in therapy.
- V — Technicians can now work up to 30 minutes alone in the pharmacy while a pharmacist has a mandatory lunch break (up to 30 minutes) on the premises.

**NABPLAW Online Search Terms**  
 Pharmacy Technicians in Community Setting (*type as indicated below*)

- technician duties
- technician requirements
- technician registration
- technician training

**Note:** “ancillary personnel,” “non-licensed personnel,” and “support personnel” can be substituted for “technician.”

# 14. Pharmacy Technicians in Community Setting (cont.)

Legend cont.

- W — Pharmacy technician may call for refills for prescriptions other than controlled dangerous substances. May not accept refill authorization that changes the order.
- X — Technology-assisted technician product verification programs are now authorized with certain minimum standards.
- Y — Refills only with no changes. New prescriptions must be recorded.
- Z — May assist pharmacist.
- AA — Only electronic transfers of non-controlled drugs between pharmacies owned by the same company using a common or shared database.
- BB — The pharmacy technician may only assist with compounding under the direct supervision of a pharmacist.
- CC — A certified pharmacy technician may assist in the transfer of a refill for a Schedule VI prescription only. (Massachusetts considers all drugs not in Schedule II-V to be Schedule VI.)
- DD — (1) may take refill orders; (2) may accept new prescription orders telephonically or electronically submitted for a pharmacist to review; and (3) may not receive new verbal prescriptions or medication orders, nor perform a drug utilization review.
- EE — Technicians only. Technician trainees cannot compound.
- FF — Pharmacy may apply to the Commission for approval of tech-check-tech programs that meet certain conditions. This is available for unit-dose drug distribution systems.
- GG — A technician who attains training may also administer vaccines and prescribe naloxone. If final verification is not performed by a pharmacist or prescriber, an electronic verification system must be used that confirms the drug stock selected to fill the prescription is the same as indicated on the prescription label.
- HH — Certified technicians may perform sterile and nonsterile compounding; registered technicians may only perform nonsterile compounding.
- II — At the direction of a pharmacist, a technician is permitted to initiate or accept a refill authorization for a non-controlled medication from a practitioner or agent, provided that no changes are made to the prescription.
- JJ — For refill requests only made by stating the patient's name, medication and strength, number of doses, and date of prior refills.
- KK — Pharmacy technician furnishes to the Board an affidavit signed and dated by the supervising pharmacist-in-charge of the facility, which will employ the applicant attesting to the applicant's competency in the advanced areas of practice that he or she will practice; and has either (a) worked as a full-time registered pharmacy technician holding a pharmacy technician endorsement in West Virginia for at least the previous two years, or (b) worked as a full-time registered pharmacy technician holding a pharmacy technician license in good standing in another jurisdiction for at least the previous two years. See §30-5-12 a.8.
- LL — Pharmacist must be on one side of the transfer.
- MM — Effective March 30, 2020.
- NN — Certified pharmacy technicians. See Ph 812.02.
- OO — A pharmacist shall consider the pharmacy technician's scope of practice, education, skill, and experience. Except pharmacy functions designated solely for a pharmacist in WAC 246-945-320.
- PP — Refer to 68 Illinois Administrative Code Section 1330.720.

FINAL/APPROVED

**VIRGINIA BOARD OF PHARMACY  
MINUTES OF VIRTUAL REGULATION COMMITTEE MEETING**

May 3, 2021  
Virtual Meeting

Perimeter Center  
9960 Mayland Drive  
Henrico, Virginia 23233-1463

- CALL TO ORDER:** A virtual WebEx meeting of the Regulation Committee was called to order at 9:07AM. Due to the COVID-19 declared state of emergency and consistent with Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provisions of § 2.2-3708.2 in the Freedom of Information Act, the committee convened a virtual meeting to consider such business matters as was presented on the agenda necessary for the board to discharge its lawful purposes, duties, and responsibilities.
- PRESIDING:** Cheryl Nelson, Committee Chairman
- MEMBERS PRESENT:** Glen Bolyard, Jr.  
Dale St.Clair  
William Lee  
Patricia Richards-Spruill (Joined at 12:40 PM)
- STAFF PRESENT:** Caroline D. Juran, Executive Director  
Ellen B. Shinaberry, Deputy Executive Director  
Beth O'Halloran, Deputy Executive Director  
Elaine J. Yeatts, Senior Policy Analyst, DHP  
James Rutkowski, Assistant Attorney General  
Kiara Christian, Executive Assistant
- QUORUM:** With four members of the Committee present, a quorum was established.
- APPROVAL OF AGENDA:** Agenda was approved as provided.
- PUBLIC COMMENT:** No public comment was received.
- UPDATE ON REGULATORY ACTIONS** Ms. Yeatts reviewed the chart of regulatory action found on pages 1-2 of the agenda packet.
- CHART OF REGULATORY /WORKGROUPS FROM 2021 GENERAL ASSEMBLY ACTIONS** Ms. Yeatts reviewed the chart found on page 3 of the agenda packet. She informed the board that staff will publish a draft of proposed pharmaceutical processor regulations resulting from legislative changes by May 6<sup>th</sup> which will open a 60-day public comment period until July 5<sup>th</sup> as required by the legislation. The board will convene a special virtual



meeting on July 6<sup>th</sup> to consider the draft language and any comment received, and adopt the regulations which must be effective by September 1, 2021. Early submission of comment is strongly encouraged. Ms. Juran shared that staff is working with the chairman to identify dates for the statewide protocols and pharmacy technician workgroups and will contact invited stakeholders in the near future. The virtual pharmacy technician workgroup meeting resulting from HB1304/SB830 will be tentatively held on a date between September 13-17 or 20-23. One to two virtual meetings to establish statewide protocols resulting from H2079 will be tentatively held on August 2, or 8-11. A virtual meeting to provide recommendations for future protocols resulting from HB2079 will be tentatively convened on August 16 or 17<sup>th</sup>. Dr. St.Clair reminded everyone that the topic of remote order processing by pharmacy technicians was referred to the pharmacy technician workgroup for consideration.

PETITION FOR  
RULEMAKING 18VAC110-  
20-290; REQUEST TO  
SHORTEN EXPIRATION  
DATE OF SCHEDULE II  
PRESCRIPTIONS

Ms. Yeatts reviewed the petition starting on page 5 of the agenda packet. The committee reviewed the public comments received and discussed concerns related to shortening the expiration date to 7 days as it may impact the ability to partial dispense Schedule II prescriptions. This may impact individuals who obtain 90-day prescriptions and negatively impact patient access.

**MOTION:**

**The committee voted unanimously to recommend to the full board in June to deny the petition for rulemaking to shorten the expiration date of Schedule II prescriptions. (Motion by St.Clair, seconded by Bolyard)**

PERIODIC REVIEW OF  
CHAPTERS 20, 21, 30, 40,  
AND 50

Ms. Yeatts provided background of the boards' previous periodic review starting on page 16 of the agenda packet which was a comprehensive review of chapters 15, 20, 21, and 50 with amendments becoming effective December 11, 2019. She reminded the board that it must periodically review its regulations every 4 years. The board directed staff in December 2020 to publish a Notice of Periodic Review and to request comment on changes the public would like considered. No comments were received between January 4, 2021 and January 25, 2021. The committee reviewed comments received from the last periodic review on pages 36-37 that were either not included in the proposed regulations or not on sections being amended. The committee discussed each comment to determine if the subject should be included in the current periodic review.



*Section 10, amend the definition of personal supervision to allow a pharmacist to not be physically present in the pharmacy but to supervise through the use of "real-time, two-way technology communication" between the pharmacist and the technician*

The committee had some discussion about subsection 10 regarding personal supervision. The board expressed interest, but had some discussion about concerns regarding supervision of activities in the pharmacy. Mr. Rutkowski confirmed that it appears this subject could not be addressed through regulatory action since 54.1-3432 of the Code of Virginia references personal supervision of a pharmacist on the premises of the pharmacy.

*Section 10, delete definition of "personal supervision" to allow audio-visual technology to supervision of compounding in retail pharmacies*

*Section 112, eliminate the current ratio of four pharmacy technicians to one pharmacist. Possibly allow the "prescription department manager" or "consultant pharmacist" to determine the number of technicians*

*Section 150, delete the square footage requirement and allow pharmacies to decide the amount of space "adequate to perform the practice of pharmacy." Allow for trailers or other moveable facilities in a declared emergency*

*Section 270, except for electronic prescriptions, only require written prescriptions for "controlled substances" to have a signature.*

*Section 270, allow a pharmacist to use his professional judgment to alter or adapt a prescription, to change dosage, dosage form or directions, to complete missing information, or to extend a maintenance drug.*

**ACTION ITEM:**

*Section 270, amend the rule to not require data entry verification and prospective drug utilization review by a pharmacist who is dispensing an on-hold prescription at a future date*

Ms. Juran commented that use of audio-visual technology by a pharmacist on the premises of the pharmacy is currently being used to verify accuracy of compounded preparations. The committee agreed that this subject may need to be clarified in the regulation to ensure licensees are aware that this activity may occur.

The committee reviewed section 112. Staff shared on the screen a summary of the 2020 NABP Annual Survey that summarizes the Pharmacist to Pharmacy Technician ratio requirement in various states. There was some concern expressed for pharmacists supervising more than four pharmacy technicians at one time. Dr. St.Clair referenced information from George Mason, actions taken recently by Washington and Ohio, and expressed support for at least evaluating the subject. Dr. Lee commented that the board would need to decide if this was safe for the public. It was stated that discussions during the upcoming pharmacy technician workforce meeting may be helpful. The committee determined it would not recommend including this subject in the periodic review at this time.

Dr. Lee commented that the current square footage requirement does not appear to be burdensome. Staff shared that the board routinely exercises its existing ability to waive square footage requirements as needed and other requirements during a declared emergency. The committee did not believe this subject needed to be included in the periodic review.

The committee had some discussion about section 270 and the requirement for signatures on written prescriptions. The committee expressed that more information on this subject may be needed to fully understand the request as a prescriber signature on a prescription appears to be a crucial element.

The committee briefly discussed the ability for a pharmacist to alter prescriptions, change dosage form, complete missing information, and/or extend a maintenance drug. Dr. St.Clair stated that Ohio has some language on pharmacists addressing omissions, but that the language would need to be reviewed. Members stated this may be helpful in authorizing a pharmacist to change a prescription from tablets to liquid without needing to bother the prescriber. The committee recommended that it be included in the periodic review.

**Ms. Juran will gather language from other states on this subject for the Board's consideration.**

Staff commented that the current regulation requires the pharmacist to verify data entry verification at the time the prescription is placed on-hold. The committee expressed concern about not requiring a prospective drug utilization review by the dispensing pharmacist as the drug history may have changed since the time the prescription was first placed on-hold.

*Section 355, amend to allow for using returns of dispensed drugs to be restocked for reuse in an automated counting device*

Staff provided an overview of the current language related to the current process utilized when a dispensed drug is returned. Committee members expressed concern for recalls when placing returned drugs into an automated counting device as the lot numbers of these drugs would not be known.

*Section 360, amend the regulation to allow pharmacy technicians to be involved in prescription transfers; pharmacist on duty should be able to delegate that task*



**ACTION ITEM:**

**The committee recommended that the subject of allowing pharmacy technicians to transfer prescriptions be forwarded to the Pharmacy Technician Workgroup for review so that more information may be obtained.**

*Section 420, change the provision of a seven-day supply of a drug in a unit dose systems in hospitals or long-term care facilities to allow for dispensing of a 14-day supply*

The committee expressed concerns of risk associated with having a 14-day supply of multiple drugs being dispensed recognizing that drug changes and errors may occur during this time period.

*In new chapter 21, section 10, strike the definition of PTCB and insert new definition for certification meaning any individual who has passed a certification exam administered by an organization accredited by the National Commission for Certifying Agencies.*

The committee determined that this issue was addressed in recent regulatory amendments for pharmacy technicians.



*Consideration of including a requirement for an e-profile identification number for facilities*

Ms. Juran reminded the committee that if it is decided that the board will sign the NABP FDA MOU, facilities impacted would be required to have a NABP E-Profile ID. Ms. Juran confirmed that there is no cost for facilities to obtain an NABP E-profile ID and that staff would be able to communicate easier with NABP if this requirement was in place. The committee supported this concept.

*Requirement for applicants to graduate from pharmacy school prior to taking examinations*

Staff explained that NABP will not allow a candidate to schedule for taking the NAPLEX or MPJE until the board approves the applicant and the school has provided NABP with a transcript conferring the degree, therefore, this amendment is not necessary.

*Change of timeframe for notification of a change in the PIC from 14 to 30 days*

The committee had some discussion about the process of assigning a new PIC and the current 14-day allowance.

**ACTION ITEM:**

**Ms. Juran will survey other states to assess their change of PIC notification requirements and report back to the board.**

**ADDITIONAL ITEMS  
CONSIDERED BY THE  
COMMITTEE:**

Dr. St.Clair recommended that the board consider amending 18VAC110-20-550 to remove the restriction that a stat-drug box contain no more than 20 solid dosage units per schedule of Schedules II through V drugs. Allowing more flexibility with the contents of the boxes may be beneficial. The committee was supportive.

The committee also discussed requirements to reactivate a pharmacist license after a period of inactivity. Ms. Juran said that there is currently regulation that requires the passing of the MPJE prior to reactivating an inactive license after 5 years of inactivity. Ms. O' Halloran added that these individuals must also provide proof of 160 hours of practical experience as a pharmacy intern. No additional action was taken.

The committee had some discussion about background requirements for pharmacy owners. Ms. Juran recommended an amendment to 18VAC-110-20-110 to require certain disclosures by a pharmacy owner. The committee recommended that the board may want to require disclosure of similar information on pharmacy permit renewals as well.

Dr. St.Clair questioned if pharmacists and pharmacy technicians should report their current places of employment to the board. Since the board cannot currently collect this information electronically, no action was taken on this subject.

Staff questioned if 18VAC110-20-276 should be amended to require a pharmacy technician's program director to be a pharmacist or pharmacy technician. The committee was comfortable with the program director not being a pharmacist or pharmacy technician as long as they were not an instructor.

Ms. Juran asked the board to consider amending 18VAC110-21-190 to align with current NABP policies that a foreign graduate of pharmacy school obtain the FPGEC even if they complete a post-baccalaureate degree from an ACPE-accredited school of pharmacy. This will help to create parity among the states during the licensure endorsement process.

Ms. Juran asked the board to consider amendments to 18-VAC110-20-190 and 18VAC110-30-80 to prohibit a controlled substances registration or a physician selling license to be issued to a location in a private residence or dwelling. Enforcement Division has concerns with placing inspectors in a potentially dangerous situation when inspecting a private residence. This will align these regulations with other regulations impacting pharmacies, medical equipment suppliers, wholesale distributors, and other types of facilities.

**MOTION:**

**The committee voted unanimously to recommend to the full board that it include the following items in the periodic review and solicit the public for other items following the June board meeting:**

- **Section 10, amend definition of “personal supervision” to allow audio-visual technology to supervision of compounding in retail pharmacies**
- **Section 270, allow a pharmacist to use his professional judgment to alter or adapt a prescription, to change dosage, dosage form or directions, to complete missing information, or to extend a maintenance drug.**
- **Consideration of including a requirement for an e-profile identification number for facilities**
- **Consideration of extending timeframe beyond 14 days for notification of a change in the PIC**
- **Consider amending 18VAC110-20-550 to remove the restriction that a stat-drug box contain no more than 20 solid dosage units per schedule of Schedules II through V drugs.**
- **Amend 18VAC110-20-110 (J) to include allowance to consider prior disciplinary action by a regulatory authority, prior criminal convictions, or ongoing investigations related to the practice of pharmacy by the pharmacist-in-charge or immediate family members of the pharmacist-in-charge, and owners, directors, or officers**
- **Amend 18VAC110-21-90(A) by requiring FPGEC prior to obtaining pharmacist license through endorsement or score transfer and delete exemption from FPGEC in subsection D.**
- **Amend 18VAC110-20-690 and 18VAC110-30-80 to prohibit registration and permit from being issued to private dwelling or residence. (Motion by St.Clair, seconded by Lee)**

**REVISION/RE-ADOPTION  
OF GUIDANCE  
DOCUMENTS 110-17 AND**

Ms. Juran reviewed page 53 of the agenda packet and provided background information related to Guidance Document 110-2 and the licensing process for pharmacist. She recommended that the board amend the document to

110-2

meet NABP's policies which now requires the receipt of a college transcript prior to allowing the candidate to schedule for the NAPLEX or MPJE.

Ms. O'Halloran reviewed Guidance Document 110-7 beginning on page 50 of the agenda packet related to NABP confirmation of the graduation conferral date.

**MOTION:**

**The committee voted unanimously to recommend that the full board adopt the revision to Guidance 110-17 as presented and 110-2 as presented and amended by changing on page two "and NABP has received a college transcript conferring the date of graduation" to "and NABP has received a college transcript indicating the graduation conferral date". (Motion by St.Clair, seconded by Bolyard)**

FEEDBACK ON ACPE  
STANDARDS 2025

Ms. Juran indicated ACPE is soliciting feedback on its revised standards.

**MOTION:**

**The committee voted unanimously to recommend that the full board provide supportive feedback on the 2025 ACPE Standards as presented. (Motion by Bolyard, seconded by St.Clair)**

IDENTIFY SUBJECTS FOR  
POSSIBLE LEGISLATIVE  
PROPOSALS FOR 2022  
GENERAL ASSEMBLY  
SESSION

There was some discussion regarding whether legislation was needed to support the recent regulatory amendment requiring a federal criminal background check for the responsible party of a wholesale distributor. Ms. Juran commented that staff was researching the ability for a responsible party to request his/her own background check through the FBI since staff could not, and then the responsible party forwarding this information to the board office. The committee was comfortable with monitoring this issue for now. No other subject for possible legislative proposal was offered.

**ADJOURN:**

With all business concluded, the meeting adjourned at approximately 12:45 PM.

Caroline D. Juran

\_\_\_\_\_  
Caroline D. Juran, Executive Director

6/4/2021

\_\_\_\_\_  
DATE