FINAL/APPROVED

VIRGINIA BOARD OF PHARMACY
MINUTES OF THERAPEUTIC INTERCHANGE WORK GROUP

Tuesday, August 12, 2025

Department of Health Professions
Perimeter Center
Board Room 2
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: The meeting was called to order at 1:05 PM.

PRESIDING: Larry Kocot, JD, Chairman

PARTICIPANTS PRESENT:

- Shannon Dowdy, PharmD, Vice-Chairman, Board of Pharmacy
- Ling Yuan, PharmD, Member, Board of Pharmacy
- Derek Webb, PharmD, Member, Board of Pharmacy
- Bill Hutchens, MD, Member, Board of Medicine
- Randall Mangrum, DNP, RN, Deputy Executive Director for Advanced Practice, Board of Nursing
- Jennifer Deschenes, JD, MS, Deputy Executive Director, Board of Medicine
- Sharon Gatewood, PharmD, Past-President, Virginia Pharmacy Association
- Joshua Crawford, PharmD, Legislative Committee Co-Chair, Virginia Society of Health-System Pharmacists
- Jason Spouse, PharmD, National Association of Chain Drug Stores
- Joanne Dial, PharmD, Pharmacy Operations Specialist III, Controls, Kaiser Permanente
- Scott Castro, Senior Director of Health Policy, Medical Society of Virginia (replacing Clark Barrineau)
- Craig Connors, Vice President Payor Relations & Strategy, Virginia Hospital and Healthcare Association
- Laurie Mauthe, PharmD, Pharmacy Account Director, Elevance Health (replacing Doug Gray)
- Johnny Garcia, PharmD, Pharmaceutical Care Management Association (virtual participation)
- Jared Calfee, Associate State Director for Advocacy and Outreach, AARP Virginia
- Jamie Smith, PharmD, Clinical Pharmacy Services Manager, Department of Corrections
- JoeMichael Fusco, PharmD, Pharmacy Operations Manager, Department of Medical Assistance Services

- Stephanie Wheawill, PharmD, Director, Division of Pharmacy Services, Department of Health

STAFF PRESENT:

- Caroline Juran, RPh, Executive Director, Board of Pharmacy
- Erin Barrett, JD, Director of Legislative and Regulatory Affairs, Department of Health Professions
- Arne Owens, MS, Director, Department of Health Professions
- Sorayah Haden, Executive Assistant, Board of Pharmacy

WELCOME REMARKS:

Mr. Owens welcomed and thanked everyone for their attendance.

PHARMACISTS AWARDED 1-HOUR OF LIVE OR REAL-TIME INTERACTIVE CONTINUING EDUCATION FOR ATTENDING MEETING:

No requests received.

APPROVAL OF AGENDA:

Hearing no comment, the Chairman indicated that the agenda was approved as presented.

PUBLIC COMMENT:

No comments were offered.

REVIEW OF BACKGROUND MATERIALS IN AGENDA PACKET AND CURRENT AUTHORITY FOR PHARMACISTS TO INITIATE THERAPEUTIC INTERCHANGE:

The Chairman stated that this meeting was convened pursuant to SB 745 which was introduced by Senator Favola and passed during the 2025 General Assembly session. He indicated that the charge of the meeting was to (i) review and analyze the current authority of pharmacists to initiate therapeutic interchange (TI) under all health carriers and plans and health care reimbursement methods, including plans covered by the Employee Retirement Income Security Act of 1974; (ii) make recommendations to streamline the existing TI process in the Commonwealth; and (iii) make recommendations for the modernization of such TI authority, particularly in cases of prescription drug shortages. From the discussion, staff will prepare a report of the work group's findings and recommendations which will ultimately be provided to the Governor and the Chairs of the House Committee on Health and Human Services and the Senate Committee on Education and Health by November 15, 2025.

Ms. Juran then provided an overview of the remaining information in the agenda packet. She explained that current Virginia law only authorizes a pharmacist to dispense a "therapeutically equivalent drug product" as defined in § 54.1-3401. TI, however, generally involves the dispensing of a drug with a different chemical structure than the drug prescribed but of the same pharmacologic or therapeutic class with usually a similar therapeutic effect and adverse-reaction profile when administered in a therapeutically equivalent dose. While it has been common practice for decades for health

systems to use multi-disciplinary pharmacy and therapeutic committees to establish a formulary system, TI is not specifically addressed in law. Furthermore, the chairman questioned if § 54.1-3457 (16-17) prohibits a pharmacist from dispensing a drug under TI when a prescriber has not authorized the alternate drug to be dispensed. When reviewing the summary of state laws authorizing TI, she reported that some states specifically authorize TI in various types of institutions and other states, e.g., Arkansas, Idaho, Iowa, Kentucky, New Hampshire, Vermont, and Washington, authorize broader authority to include pharmacists practicing outside of institutions.

DISCUSSION:

The work group offered the following points during its discussion and review of state laws already in effect:

Allowances for Facilities to Perform TI

- Creating an allowance in law for pharmacists to perform TI consistent with a drug formulary established by a facility's pharmacy and therapeutic committee is necessary to support current practices.
- There was some discussion regarding whether a proposed law should be written broadly that is site neutral. Alternatively, in lieu of Idaho's use of the term "institutional" and to be consistent with existing Virginia law, it was noted that a proposed law may need to enumerate the specific type of facilities that could perform TI which should include pharmacies servicing correctional facilities.
- It was stated that currently, a health system's electronic health record drives TI at the point of prescribing often reducing the need for pharmacists to dispense drugs other than that which was prescribed.
- Dr. Garcia stated that pharmacy benefit managers usually rely on pharmacy and therapeutic committees to develop formularies.
- Dr. Fusco commented that some drug formularies are based on disease or medical condition and not drug class.

Cost and Accessibility

- Retail/community pharmacies, including the Department of Health Pharmacy, could benefit from flexibility to adjust a prescription when insurance will not cover a particular drug strength or a particular drug product, in lieu of requiring the pharmacist to contact the prescriber for authorization and creating patient delay in accessing the drug.
- It was emphasized that a proposed law on TI should not be mandatory and that it should result in a lower cost or be cost-neutral for the patient, unless the drug was on shortage. To determine drug shortages, it was recommended that a proposed law should reference both the United States Food and Drug Administration (FDA) drug shortage list and the American Society of Health-System Pharmacists (ASHP) drug

shortage list as the ASHP list appears to be updated more frequently.

- Mr. Calfee commented that Idaho's law states that the TI must lower the cost to the patient or occur during a drug shortage, and that such language would appear to address his members' general concerns with affordability and access.
- There was discussion on requiring pharmacy benefit managers to cover the less expensive drug or a non-formulary drug that was previously on formulary and the patient was previously on (ref. Va. Code § 38.2-3407.9:01 B.3). The work group discussed the applicability of utilizing pharmacist TI authority in these cases. Those representing health plans commented that they are required to cover the less expensive drug, and that otherwise, a process for obtaining prior authorization approval exists.

Notification of Prescriber

- It was recommended that pharmacists should be required to notify the prescriber when the pharmacist performs a TI to ensure good communication between prescriber and pharmacist, and that the period for notification of "within 24 hours" was probably reasonable.

Review of Existing State Laws

- Idaho's law regarding TI appears to be a good model.
- While not directly on-point with the meeting's charge, the allowances in Idaho's law for a pharmacist to change a prescription quantity, dosage form, or package size when not commercially available would be beneficial and could be noted in the legislative report as a footnote.
- A member highlighted Arkansas' law as being a good model if it was amended to also specifically authorize TI in facilities, but that the drug class exceptions should not apply to a formulary established by a pharmacy and therapeutics committee. Another member stated that a broader law such as Arkansas may result in better utilization by retail/community pharmacies.
- It was also recommended that pharmacists not be authorized to interchange drugs included in a statewide protocol or otherwise prohibited in a collaborative practice agreement.
- A few members also highlighted Kentucky's law wherein the prescriber records authorization for the use of TI on the written prescription but stated that any proposed language written similarly should also accommodate the recording of this information in the comments section of an electronic prescription.
- Dr. Crawford commented that Minnesota had an allowance for TI in place during the COVID-19 pandemic and that he would forward the verbiage to Ms. Juran.

Authorization for Pharmacist to Adapt/Amend the Prescription

- The work group confirmed that a pharmacist amends the original

prescription through "adaptation", a term used in some of the state laws and does not change the name of the prescriber on the prescription.

MEETING ADJOURNED: 3:10 PM

Caroline Juran, RPh
Executive Director

9/30/25
DATE: