



COMMONWEALTH OF VIRGINIA

Meeting of the Board of Pharmacy

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

(804) 367-4456 (Tel)
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Amended Agenda of Full Board Meeting

June 16, 2026

9AM

TOPIC

PAGES

Call to Order of Public Hearings: Larry Kocot, JD, Chairman

- Welcome & Introductions

Public Hearings:

- Placing Certain Chemicals into Schedule I
- Conforming to Federal Scheduling Actions

31-41

42-52

Adjournment of Public Hearings

Call to Order of Full Board Meeting: Larry Kocot, JD, Chairman

- Approval of Agenda

Approval of Previous Board Meeting Minutes:

- Telephone Conference Call, March 11, 2026
- Full Board Meeting, March 17, 2026
- Ad Hoc Committee on Bylaws, March 17, 2026
- Telephone Conference Call, April 16, 2026
- Formal Hearing, May 27, 2026

3-4

5-13

14-17

18-21

22-26

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

DHP Director’s Report: David Brown, DC

Presentation:

- Pharmacy Desert Mapping, National Community Pharmacists Association

Legislative/Regulatory/Guidance:

- Report from Ad Hoc Committee on Bylaws – Derek Webb, PharmD
- Formation of Ad Hoc Committee on Routine Pharmacy Inspections - Kocot
- Developing a board position on artificial intelligence - Kocot
- Legislative update - Erin Barrett, JD
- Chart of regulatory actions - Barrett
- Adoption of exempt regulatory action – addition of chemicals to Schedule I - Barrett
- Adoption of exempt regulatory action – conforming to recent federal drug scheduling actions - Barrett
- Adoption of exempt regulatory action – removal of chemicals in Schedule I pursuant to legislation - Barrett

161-183

Verbal

27

Verbal

28-30

31-41

42-52

53-59

- Amend definition of “hospital” in 18VAC110-20-10 to include a hospital for animals with a veterinary establishment permit - Barrett/Juran 60-70
- Amend Guidance Document 110-19 to include language under interpretation of “other facilities” that may use an ADD that will incorporate VT animal hospital - Barrett/Juran 71-73
- Amend CSR regulations regarding researchers and others - Barrett/Juran 74-77
- Adoption of NOIRA for SB418- pharmacist therapeutic interchange of drug - Barrett/Juran 78-80
- Amendment of Guidance Document 110-44, *Naloxone or Other Opioid Antagonist Protocols*, Barrett 81-89
- Amendment of Guidance Document 110-2 regarding implementation of UMPJE - Barrett/Juran 90-93
- Amendment of Guidance Document 110-35 regarding electronic transfer of prescriptions by pharmacy technicians - Barrett/Juran 94-100

Old Business:

- Report on Pharmacies Providing Clinical Services 101-123
- Report on Nonresident Pharmacy Practice Settings and Locations 124
- Finalize Plans for Transitioning to UMPJE 125-136

New Business:

- Election of Chair and Vice Chair

Reports:

- Report on Licensure Program – Ryan Logan, RPh 137-143
- Report on Inspection Program – Ryan Logan, RPh 144-147
- Report on Disciplinary Program – Caroline Juran, RPh 148-158

- 2027 NABP/AACP Districts 1 & 2 Meeting – Derek Webb, PharmD Verbal
- Chairman’s Report – Larry Kocot, JD Verbal
- Executive Director’s Report – Caroline Juran, RPh 159

Consideration of agency subordinate recommendations, consent orders, summary suspensions, summary restrictions, or settlements, if any. 160

Adjourn

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

*****The Board will convene a panel for disciplinary hearings at 1pm or following the adjournment of the full board meeting, whichever is later. *****

(DRAFT/UNAPPROVED)

**VIRGINIA BOARD OF PHARMACY
MINUTES OF TELEPHONE CONFERENCE CALL**

Wednesday, March 11, 2026

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

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

TIME & PURPOSE:

Pursuant to § 54.1-2408.1(A) of the Code of Virginia, a telephone conference call of the Virginia Board of Pharmacy ("TCC") was held on March 11, 2026, at 10:00 AM, to consider summary suspension in case number 254038.

PRESIDING:

Larry Kocot, Chairman (via telephone)

MEMBERS PRESENT:

Derek Webb
Kelly Kale
Michele Wilgus
Kris Ratliff
Shannon Dowdy

STAFF PRESENT:

Ellen Shinaberry, Deputy Executive Director
Caroline Juran, Executive Director
Mykl Egan, Discipline Case Manager
Jim Rutkowski, Senior Assistant Attorney General (via telephone)
Christine Andreoli, DHP Adjudication Specialist
Michael Parsons, Deputy Dir. Adjudications Div.

POLLING OF BOARD MEMBERS

The Board members were polled prior to scheduling the telephone conference call as to whether they could attend the meeting in Richmond.

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

SARAH L. PAULEY,
PHARMACY TECH TRAINEE
Registration No. 0245-019700

Christine Andreoli, Adjudication Specialist, presented a summary of the evidence in case no. 254038 regarding the pharmacy technician trainee registration of Sarah Louise Pauley.

CLOSED MEETING:

Upon a motion by Dr. Dowdy and duly seconded by Ms. Kale, the Board voted 6-0, to convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia ("Code"), for the purpose of deliberation to reach a decision regarding the matter of Sarah Pauley. Additionally, she moved that Ellen Shinaberry, Caroline Juran, Mykl Egan, and Jim Rutkowski attend the closed meeting.

RECONVENE:

Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Board reconvened an open meeting and announced the decision. (Dowdy/Wilgus)

DECISION:

Upon a motion by Dr. Webb and duly seconded by Dr. Dowdy, the Board unanimously voted (6-0) that, with the evidence presented, the continued practice of Sarah Pauley poses a substantial danger to the public; and therefore, her pharmacy technician trainee registration shall be summarily suspended and with the Notice of formal hearing, a Consent Order shall be offered in lieu of the formal hearing.

ADJOURN:

With all business concluded, the meeting adjourned at 10:26 AM.

Ellen B. Shinaberry, PharmD
Deputy Executive Director

Date

(DRAFT/UNAPPROVED)

**VIRGINIA BOARD OF PHARMACY
MINUTES OF FULL BOARD MEETING**

Tuesday, March 17, 2026

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

CALL TO ORDER: A full board meeting was called to order at 9:04AM.

PRESIDING: **Larry Kocot, JD, Chairman**

MEMBERS PRESENT: **Shannon Dowdy, PharmD, Vice Chairman**
Kelly Hasty Kale, RPh
Kristopher Ratliff, DPh
Patricia Richards-Spruill, RPh (left at 12:35PM)
Derek Webb, PharmD
Michelle Hoffer Wilgus, JD
Ling Yuan, PharmD

MEMBERS ABSENT: None.

STAFF PRESENT: **Erin Barrett, DHP Director of Legislative and Regulatory Affairs**
David E. Brown, DHP Agency Director
Sorayah Haden, Executive Assistant
Caroline Juran, RPh, Executive Director
Ryan Logan, RPh, Deputy Executive Director
Beth O'Halloran, RPh, Deputy Executive Director
James Rutkowski, JD, Senior Assistant Attorney General

PHARMACISTS AWARDED
1-HOUR OF LIVE OR REAL-
TIME INTERACTIVE
CONTINUING EDUCATION
FOR ATTENDING MEETING: Jaykumar Agarwal - 0202206806
David Flammia – 0202011380
Stephanie Henry - 0202206285
Natalie Nguyen - 0202213050
Derek Parvizi – 0202211571
Karen Winslow – 0202207661

QUORUM: With all members present, a quorum was established.

APPROVAL OF AGENDA: The agenda was approved as presented and amended to include a review of agency subordinate recommendations. (motion by Richards-Spruill, seconded by Dowdy)

**APPROVAL OF PREVIOUS
BOARD MEETING
MINUTES:**

At the chairman’s request, Ms. Barrett explained the requirement of approving previous board meeting minutes. Minutes are reviewed and approved for posting to Virginia Regulatory Town Hall at each quarterly board meeting.

MOTION:

The Board voted unanimously to adopt the minutes for the meetings held between December 10, 2025 and February 10, 2026 as presented and amended as follows:

- **In the final minutes of the Formal Hearing held on January 21, 2026, amend the decision regarding Morgan Scott Patricio to state “the Board voted 7-0 to revoke the pharmacy technician trainee registration of Morgan S. Patricio.” (Kale)**
- **In the final minutes of the Full Board Meeting held on December 10, 2026, amend the minutes to include the expressed appreciation by acclamation by the Board for Arne Owen’s leadership and public service as the Director of the Department of Health Professions for the past four years. (motioned by Wilgus, seconded by Kale)**

PUBLIC COMMENT:

Scott Welch provided a public comment requesting clarification on inspections conducted on facilities compounding GLP-1 drugs.

Jamie Fisher, Executive Director, Virginia Pharmacy Association (VPhA) emailed written comments to Ms. Juran in advance of the meeting. The written comment was provided to the board members as a handout. The comment expressed gratitude for the board’s continued collaboration with the association. VPhA is supportive of the continued advancement of regulatory updates related to central fill and remote processing activities. VPhA encourages the Board to continue its work monitoring pharmacy access across the Commonwealth as it is valuable in helping policymakers and stakeholders understand how these challenges affect patient care.

DHP DIRECTOR’S REPORT:

David E. Brown provided the DHP Director’s Report consisting of the following updates:

- Expressed his gratitude to be back serving the Department of Health Professions after previously serving as a board member of the Board of Medicine and agency director of DHP.
- May have a different Governor but the role of a board member does not change. A member serves at the pleasure of the Governor in office.
- He reminded board members of not speaking on behalf of the board, taking off their professional hats, and working through staff. The Board speaks as one through its regulations, guidance documents, and board orders.

**LEGISLATIVE/
REGULATORY/GUIDANCE**

LEGISLATIVE UPDATE:

Ms. Barrett reviewed a handout containing a legislative update and stated that there were no additional updates to provide since the drafting of the document. She stated the Governor has until April 13, 2026, to decide on the current bills under review. If the Governor does not take any action, the submitted bill will automatically be approved.

**CHART OF REGULATORY
ACTIONS:**

Ms. Barrett review the Regulatory Chart included in the agenda packet and provided the following report updates as of March 5, 2026:

- There are six bills under review in the Governor’s Office:
 - 18VAC110-20 – Prohibition against incentives to transfer prescriptions (Final)
 - 18VAC110-20 – December 2025 scheduling of chemicals in Schedule I (Final)
 - 18VAC110-20, 18VAC110-21, 18VAC110-30, AND 18VAC110-50 – Increase in fees (Final)
- There are nine bills under review in the Secretary’s Office:
 - 18VAC110-30 – Implementation of 2021 periodic review, 18VAC110-20 – Addition of prescription product accuracy as an accepted activity for central or remote processing (NOIRA)
 - 18VAC110-20 – Crisis stabilization services and use of automated dispensing systems and remote dispensing systems (Final)
 - 18VAC110-20 – Update to pharmacy permit application requirements (NOIRA)
 - 18VAC110-20 and 18VAC110-21 – Amendments to Chapter 20 and 21 based on 2021 periodic review (NOIRA)
 - 18VAC110-20 – Allowance for correctional facilities to possess long-acting medication (Fast-track)
 - 18VAC110-20 – Exclusion of private dwellings or residences from operation locations of CSRs (Proposed)
 - 18VAC110-20 – Requirements for use of central fill pharmacy and remote database (Proposed)
- There are two bills under review in the Department of Planning and Budget Office:
 - 18VAC110-20 – Inclusion of other opioid antagonists in regulations referring to naloxone (Fast-track)
 - 18VAC110-21 – Allowance for students to take NABP exam prior to graduation (Fast-track)
- There are currently four bills that have recently become effective or awaiting publication.

CLOSURE OF PERIODIC

The Board reviewed and discussed the summary pages of periodic review for

REVIEWS: Chapters 20 and 21 in addition to the public comments received on Virginia Regulatory Town Hall.

MOTION: The Board voted unanimously to close the periodic reviews of Chapters 20 and 21 and retain the chapter as is. (motion by Webb, seconded by Wilgus)

AMEND 18VAC110-25-275: Ms. Barrett provided an amended handout of 18VAC110-25-275 regarding the alternate delivery of dispensed prescriptions. To alleviate practitioner confusion, the Board considered initiating a fast-track regulatory action to include citations to Virginia Code §§ 54.1-3304 and 54.1-3304.1 to clarify language to 18VAC20-275.

MOTION: The Board voted unanimously to amend 18VAC110-20-275 as presented in the handout. (motion by Ratliff, seconded by Wilgus)

AMEND GUIDANCE DOCUMENT 110-9: The Board reviewed and discussed the suggested revision of Guidance Document 110-9. To alleviate practitioner confusion, the legal citation for Deficiency 122 was considered for amendment to remove the regulatory citation and include citations to Virginia Code §§ 54.1-3304.1(B) and 54.1-3420.2.

MOTION The Board voted unanimously to amend Guidance Document 110-9 as presented. (motioned by Kale, seconded by Yuan)

TRANSITION TO UMPJE: Ms. Juran provided an update regarding the transition to the Uniform Multistate Pharmacy Jurisprudence Examination (UMPJE). NABP will conduct a soft launch of the UMPE in April 2026 and a full launch in June 2026. Ms. Juran has researched various states currently participating or expecting to participate in the soft launch to learn about their current procedures. She recommended that they follow North Carolina's model to provide a newly licensed pharmacist with a letter encouraging them to review a list of laws and regulations with nuances specific to state. There was some discussion regarding whether the pharmacist should complete an attestation confirming that they have reviewed the information. Ms. Kale requested additional information regarding the fiscal impact of developing a webinar. It was decided that the transition to UMPJE will be discussed in more detail at the May Regulation Committee Meeting. Ms. Juran indicated that if the Board approves the final format at the June meeting, Virginia could transition to requiring the UMPJE as of October 1, after giving NABP 90-day notice.

REPORTS FROM AD HOC COMMITTEES: Health Data
Ms. Juran provided an overview of the discussion held at the Ad Hoc on Health Data meeting previously held as outlined in the minutes in the agenda

packet. The following updates regarding the action items produced at the meeting were provided:

- Mr. Logan is currently collaborating with DHP's IT Department to research whether a checkbox can be added to the pharmacy technician trainee registration application regarding why a subsequent trainee registration is needed.
- A question regarding if the pharmacy currently provides clinical services under the collaborative practice agreement and/or statewide protocols has been added to current pharmacy permit renewal form.
- The National Community Pharmacist Association (NCPA) will be invited to provide a presentation at the June Full Board Meeting.

COMMUNICATIONS PRESENTATION:

Communications and Outreach

Mrs. Richards-Spruill provided an overview of the discussion held at the Ad Hoc on Communications and Outreach previously held as outlined in the minutes included in the agenda packet. She informed the Board of the analytics of the previous newsletter format which encouraged the transition to the current newsletter format used by the board. She referenced a presentation from Kelly Smith at the committee meeting. The chairman then invited Kelly Smith, DHP Director of Communications, to provide a PowerPoint presentation highlighting communication efforts that she has recently implemented at DHP. She explained her role within the agency and the collaboration with board executive directors to generate responses to all media requests. Additionally, she provided examples of updated newsletter formats the board may be interested in implementing in the future. The PowerPoint highlighted the metrics collected from a previous BOP newsletter which was collected using the platform called Constant Contact. Constant Contact offers various features including the ability to send 25,000 blast emails at once, monitoring the clicks and visiting time on the Board's website, and more.

2025 Pharmacist and Pharmacy Technician Healthcare Workforce Survey Reports:

Barbara Hodgdon, PhD, Deputy Director, Healthcare Workforce Data Center and Data Analytics Division (HWDC) and Yetty Shobo, PhD, Director, HWDC presented a PowerPoint presentation reporting the key findings of the 2025 Pharmacist and Pharmacy Technician Workforce Surveys. Highlights of the survey included:

- There has been a consistent increase in the licensees, FTEs, and Virginia's workforce since 2012.
- There has been an increase in the percentage of female pharmacist and pharmacy technicians within the workforce.
- There has been a decrease in the percentage of workforce participants under the age of 40 since 2021.
- The diversity index, statewide diversity index, and under 40 diversity index continue to increase over time.
- The median pharmacist income has remained stable since 2023. There has been a 20% increase in the median of educational debt which has

resulted in the median educational debt exceeding the median income of the pharmacist workforce.

- The southside of Virginia is low in total FTEs and FTEs per capita.
- The median Pharmacy Technician income has increased since 2024. There has been a decrease in the median educational debt since 2024 which resulted in the median income exceeding the median educational debt of the Pharmacy Technician Workforce.
- An estimated 34% of pharmacy technician trainees eventually receive their pharmacy technician license.

HOSTING 2027 NABP/AACP DISTRICT 1 & 2 MEETING

Ms. Juran informed the Board that the Virginia Board of Pharmacy is scheduled to host the NABP/AACP Districts 1 & 2 Meeting in October 2027. Dr. Webb serves as President of the District 2 Board of Directors and Ms. Juran is a member of the Board. The meeting logistics are still in the planning stages. The frequency of planning meetings to prepare for the 2027 conference are expected to increase as the conference date approaches.

REPORTS

CHAIRMAN'S REPORT:

The Chairman provided the following information:

- He would like to acknowledge and recognize Dr. Wendy Nash and Mr. Tim Robertson for their distinguished service as previous board members. The former board members will be recognized and awarded service plaques at the December Full Board Meeting.
- He plans to attend the upcoming NABP Annual Meeting in Boston, MA with Caroline Juran in May.
- He briefly referenced state and federal legislation regarding pharmacy benefit managers.
- He thanked the ad hoc committee members for their recent work.

LICENSURE PROGRAM:

Mr. Logan provided an overview of the Licensure Program consisting of licensing data of Individuals and Facility licensees from Q4 2022 through Q1 2026. The overview included the following current license count as of March 2, 2026:

- Pharmacist – 16,460
- Pharmacy Technician – 13,354
- Pharmacy Technician Trainee – 7,280
- Pharmacy Intern – 958
- Resident Pharmacies – 1,687
- Non-Resident Pharmacies - 989

Additionally, Mr. Logan provided a bar graph to document the new pharmacy permits issued compared to pharmacy permits closing.

INSPECTION PROGRAM:

Ms. O'Halloran provided an overview of the Inspection Program. The overview consisted of all inspections conducted during the period of October

1, 2025 through December 31, 2025. As of December 31, 2025, the Inspections Program conducted a total of 534 inspections consisting of 498 in-person inspections and 36 virtual inspections. The top 5 cited deficiencies reported are as follows:

- Compounding facilities and equipment used in performing non-sterile compounds not in compliance with 54.1-3410.2 (cited 19 times)
- Expired drugs in working stock, dispensed drugs being returned to stock in compliance, dispensed drugs returned to stock container or automated counting device not in compliance. (i.e. appropriate expiration date not placed on label of returned drug, mixing lot numbers in stock container) (cited 17 times)
- Perpetual inventory not being maintained as required as it does not:
 - include all Schedule II drugs received or dispensed;
 - Accurately indicate the physical county of each Schedule II drug “on hand” at the time of performing the inventory;
 - Include a reconciliation of each Schedule II drug at least monthly;
 - Include a written explanation of any difference between the physical count and the theoretical count. Monthly perpetual inventory is performed more than 7 days prior or more than 7 days after designated calendar month for which inventory is required. (cited 15 times)
- Inventories taken on time, but not in compliance, i.e. no signature, date, opening or closing, Schedule II drugs are not separate, failure to include expired drugs (cited 14 times)
- Pharmacist-In-Charge in place, inventory taken, but application not filed with Board within the required time frame or No incoming change of Pharmacist-in-Charge inventory, inventory taken over 5 days late or substantially incomplete, i.e., did not include all drugs on Schedules II-V (both cited 11 times)

DISCIPLINARY PROGRAM:

Dr. Shinaberry reviewed the Disciplinary Program report. The overview consisted of cases received, opened, and closed from Q1 of 2023 through Q2 of 2026. As of Q2 of 2026, ending September 30, 2025, the board received 183 cases, opened 325 cases, and closed 206 cases. As of February 1, 2026, the board currently has 353 open cases consisting of 200 patient care related cases and 153 non-patient care related cases.

EXECUTIVE DIRECTOR’S REPORT:

Ms. Juran provided an update of the meetings that she attended or at which she provided presentations either in-person or virtually since the December board meeting and any upcoming meetings and presentations currently on her schedule.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

Mr. Egan reviewed confidential information provided to the members regarding the agency subordinate’s recommendations resulting from a recent

informal conference.

DECISIONS:

The Board voted unanimously to accept the agency subordinate's recommendations regarding previous informal conferences as presented. (motioned by Ratliff, seconded by Webb)

**#1 – Jaramona Whitehurst, Pharmacy Technician 0230-037562
Ms. Whitehurst did not appear.**

The board unanimously voted to accept the recommended decision of the agency subordinate to Order Jaramona Whitehurst that within 60 days from the date of entry of the Order, Ms. Whitehurst provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least four (4) contact hours in the subject areas of medication errors. (Motion by Ratliff, seconded by Dowdy)

**#2 – Monem Faisal, Pharmacy Technician 0230-040762
Mr. Faisal did not appear.**

The board unanimously voted to accept the recommended decision of the agency subordinate to indefinitely suspend the right to renew the pharmacy technician registration of Monem Faisal until such time as he provides evidence of completing his continuing education requirements. (Motion by Ratliff, seconded by Dowdy)

**#3 – William Frye, Pharmacy Technician Trainee 0245-014244
Mr. Frye did not appear.**

The board unanimously voted to accept the recommended decision of the agency subordinate to reprimand William Frye. (Motion by Ratliff, seconded by Dowdy)

**#4 – Anthoinette Attigobe, Pharmacy Technician 0230-015052
Ms. Attigobe did not appear.**

The board unanimously voted to accept the recommended decision of the agency subordinate to indefinitely suspend the right to renew the pharmacy technician registration of Anthoinette Attigobe. (Motion by Ratliff, seconded by Dowdy)

**CONSIDERATION OF
CONSENT ORDERS,
SUMMARY SUSPENSIONS,
OR SUMMARY
RESTRICTIONS**

James J. Kelly Jr.
0202-010072

Jess Weber, Adjudication Specialist, presented information for consideration of a consent order regarding James J. Kelly, Jr.'s pharmacist license.

DECISION:

Upon a motion by Kale, and duly seconded by Ratliff, the Board voted unanimously to accept the consent order regarding the pharmacist license of James J. Kelly, Jr.

MEETING ADJOURNED:

With all business concluded, the meeting adjourned at 12:52 PM

Caroline Juran, RPh
Executive Director

Date

DRAFT

(DRAFT/UNAPPROVED)

**VIRGINIA BOARD OF PHARMACY
MINUTES OF AD HOC COMMITTEE ON BYLAWS**

Tuesday, March 17, 2026

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

CALL TO ORDER: A meeting of an Ad Hoc Committee on Bylaws was called to order at 1:05 PM.

PRESIDING: **Derek Webb**, PharmD, Chair

MEMBERS PRESENT: **Larry Kocot**, JD
Kristopher Ratliff, DPh
Michelle Wilgus, JD

STAFF PRESENT: **Erin Barrett**, JD, DHP Director of Legislative and Regulatory Affairs
David E. Brown, DC, DHP Agency Director
Sorayah Haden, Executive Assistant
Caroline Juran, RPh, Executive Director
Ryan Logan, RPh, Deputy Executive Director
Beth O'Halloran, RPh, Deputy Executive Director
James Rutkowski, JD, Senior Assistant Attorney General
Ellen Shinaberry, PharmD, Deputy Executive Director

PHARMACISTS AWARDED 1-HOUR OF LIVE OR REAL-TIME INTERACTIVE CONTINUING EDUCATION FOR ATTENDING MEETING: None.

QUORUM With all members of the committee present, a quorum was established.

APPROVAL OF AGENDA: Agenda was approved as presented.

PUBLIC COMMENTS: No public comments were provided.

DISCUSSION: The committee reviewed the Board Bylaws in the agenda packet and discussed the following matters:

Article I: General

- Mr. Kocot suggested amending the organizational year of the board from July 1 through June 30th to January 1st through December 31st.
- With the amended organizational year, the position of Chairman and Vice-Chairman would be elected by vote of the board members at the last full board business meeting of the calendar year. He referenced the difficulty for running for chairman in June without knowing if he would be reappointed by July 1.
- Ms. Juran indicated that she had reviewed the bylaws for the Boards of Medicine, Nursing, Dentistry, Physical Therapy, and Veterinary Medicine. Officer terms for Medicine begin at the conclusion of the June board meeting; January 1 for Nursing; at the conclusion of the fall board meeting for Dentistry; July 1 for Physical Therapy; and, at the conclusion of the last regularly scheduled meeting of the calendar year for Veterinary Medicine.
- In addition to the current allowance for the Board to schedule “full board meetings four times a year, with the right to change the dates, schedule additional meetings as needed, or cancel any board meeting, with the exception that one meeting shall take place annually”, Mr. Kocot suggested inserting an allowance for the chairman to convene additional full board meetings. There was some discussion regarding whether this should be capped at two additional meetings and if such allowance should be in consultation with the executive director to ensure the board has sufficient operational revenue.

Article II: Officers of the Board

- Mr. Kocot requested clarification of the expectations and duties of the role of Chairman. Ms. Juran commented that specific duties were outlined in the delegation of authorities within Article V.
- Mr. Kocot recommended that the Bylaws be amended to allow the board to elect two vice-chairmen to serve in a tiered capacity noting that the Code only requires the Board to elect a chairman. Ms. Juran and Ms. Barrett commented that the Board of Nursing bylaws allow for the election of a First Vice-President and Second Vice-President. There appeared to be agreement that the bylaws should delineate the roles of the two vice-chairmen.
- Mr. Kocot recommended inserting an allowance for the board officers to meet with the agency director annually to provide feedback on the Executive Director’s performance. Ms. Juran indicated that nothing precludes the board currently from providing such feedback and that it

is always welcomed, however, staff would need to research state employment laws regarding the appropriateness of formalizing a process to provide feedback on the performance of a state employee. She noted that no other board references this subject in its bylaws. There was some discussion regarding the legal role of the agency director and that of the board.

Article III: Order of Business Meetings

- Mr. Kocot recommended amending #5 regarding the order of a business meeting by inserting “and approval by” after “with” so it would read “The remainder of the agenda shall be established by the executive director in consultation with and approval by the chairman.”

Article IV: Committees

- It was recommended to strike reference to the Item Review Committee and Inspection Special Conference Committee as they are no longer needed and have not been used recently.
- Regarding the Pilot Committees, Mr. Kocot recommended changing the current requirement that it shall consist of “two board members” to “not less than two members”. There was discussion that any more than three members may complicate the board’s ability to convene a formal hearing should the pilot applicant appeal the committee’s decision to a formal hearing. Staff suggested amending it to read “two or three” to prevent future staff from failing to caution future chairs to not appoint more than three, but this suggestion did not appear to be supported by the committee.
- Mr. Kocot recommended inserting a statement that the chairman shall appoint a chair for each of the committees.

Article V: General Delegation of Authority

- There was discussion of pulling all delegated authorities out of the bylaws and into a separate document maintained by the executive director. Ms. Barrett commented that Board of Nursing uses this model.
- Mr. Kocot recommended inserting a requirement that the Board shall review and vote to approve the bylaws and delegated authorities annually.

Article VI: Amendments

- Mr. Kocot recommended to strike “or staff personnel” from the statement, “Amendments to these Bylaws may be proposed by a board member or staff personnel by presenting the amendment in writing to all Board members prior to any scheduled meeting of the Board.” Ms. Wilgus questioned why it was problematic for staff to make such recommendations, recognizing that the board must vote on the suggested amendment.

MEETING ADJOURNED:

Having completed all business on the agenda, the meeting was adjourned at 3:16 PM.

Caroline Juran, RPh
Executive Director

DATE:

DRAFT

(DRAFT/UNAPPROVED)

**VIRGINIA BOARD OF PHARMACY
MINUTES OF TELEPHONE CONFERENCE CALL**

Thursday, April 16, 2026

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

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

TIME & PURPOSE: Pursuant to § 54.1-2408.1(A) of the Code of Virginia, a telephone conference call of the Virginia Board of Pharmacy ("TCC") was held on April 16, 2026, at 12:00 PM, to consider six possible summary suspension presentations.

PRESIDING: Larry Kocot, Chairman (via telephone)

CALL TO ORDER: The meeting was called to order at 12:03 PM.

MEMBERS PRESENT: Derek Webb
Kelly Kale
Michele Wilgus
Kris Ratliff
Shannon Dowdy

STAFF PRESENT: Ellen Shinaberry, Deputy Executive Director
Caroline Juran, Executive Director
Mykl Egan, Discipline Case Manager
Jim Rutkowski, Senior Assistant Attorney General (via telephone)
Christine Andreoli, DHP Adjudication Specialist
Jess Weber, DHP Adjudication Specialist
Rebecca Ribley, DHP Adjudication Specialist
Michael Parsons, Deputy Dir. Adjudications Div.

POLLING OF BOARD MEMBERS The Board members were polled prior to scheduling the telephone conference call as to whether they could attend the meeting in Richmond.

With six (6) members participating, it was established that a quorum could not have been convened in a regular meeting to consider this matter. Note: the Board currently consists of eight total members.

FELIPA CARO, PHARMACY
TECHNICIAN
Registration No. 0230-041901

Christine Andreoli, Adjudication Specialist, presented a summary of the evidence in case no. 254046 regarding the pharmacy technician registration of Felipa Caro.

DECISION:

Upon a motion by Dr. Ratliff and duly seconded by Ms. Kale, the Board unanimously voted (6-0) that, with the evidence presented, the continued practice of Felipa Caro poses a substantial danger to the public; and therefore, her pharmacy technician registration shall be summarily suspended and with the Notice of formal hearing, a Consent Order shall be offered in lieu of the formal hearing.

GREGORY EVANS,
PHARMACIST
License no. 0202-205732

Christine Andreoli, Adjudication Specialist, presented a summary of the evidence in case nos. 255340 and 213890 regarding the pharmacist license of Gregory Evans.

DECISION:

Upon a motion by Ms. Kale and duly seconded by Dr. Webb, the Board unanimously voted (6-0) that, with the evidence presented, the continued practice of Gregory Evans poses a substantial danger to the public; and therefore, his pharmacist license shall be summarily suspended and with the Notice of formal hearing, a Consent Order shall be offered in lieu of the formal hearing.

Ms. Andreoli departed the meeting at 12:25 PM.

NICHOLE FINCH,
PHARMACIST
License no. 0202-207011

Jess Weber, Adjudication Specialist, presented a summary of the evidence in case nos. 251744 and 253183 regarding the pharmacist license of Nichole Finch.

DECISION:

Upon a motion by Dr. Ratliff and duly seconded by Ms. Kale, the Board unanimously voted (6-0) that, with the evidence presented, the continued practice of Nichole Finch poses a substantial danger to the public; and therefore, her pharmacist license shall be summarily suspended and with the Notice of formal hearing, a Consent Order shall be offered in lieu of the formal hearing.

TIFFANY SMITH,
PHARMACY TECHNICIAN
Registration no. 0230-041662

Jess Weber, Adjudication Specialist, presented a summary of the evidence in case no. 255306 regarding the pharmacy technician registration of Tiffany Smith.

DECISION:

Upon a motion by Dr. Dowdy and duly seconded by Dr. Webb, the Board unanimously voted (6-0) that, with the evidence presented, the continued practice of Tiffany Smith poses a substantial danger to the public; and therefore, her pharmacy technician registration shall be summarily suspended and with the Notice of formal hearing, a Consent Order shall be offered in lieu of the formal hearing.

NATASHA HENDERSON,
PHARMACY TECHNICIAN
Registration no. 0230-017623

Rebecca Ribley, Adjudication Specialist, presented a summary of the evidence in case no. 254427 regarding the pharmacy technician registration of Natasha Henderson.

DECISION:

Upon a motion by Dr. Ratliff and duly seconded by Dr. Dowdy, the Board unanimously voted (6-0) that, with the evidence presented, the continued practice of Natasha Henderson poses a substantial danger to the public; and therefore, her pharmacy technician registration shall be summarily suspended and with the Notice of formal hearing, a Consent Order shall be offered in lieu of the formal hearing.

KRISTINA WEISIGER,
PHARMACIST
License no. 0202-205734

Board member Derek Webb recused himself from this presentation. Rebecca Ribley, Adjudication Specialist, presented a summary of the evidence in case nos. 246131 and 254739 regarding the pharmacist license of Kristina Weisiger.

DECISION:

Upon a motion by Ms. Kale and duly seconded by Dr. Ratliff, the Board unanimously voted (5-0) that, with the evidence presented, the continued practice of Kristina Weisiger poses a substantial danger to the public; and therefore, her pharmacist license shall be summarily suspended and with the Notice of formal hearing, a Consent Order shall be offered in lieu of the formal hearing.

ADJOURN:

With all business concluded, the meeting adjourned at
1:11 PM.

Ellen B. Shinaberry, PharmD
Deputy Executive Director

Date

(DRAFT/UNAPPROVED)
VIRGINIA BOARD OF PHARMACY

PRESENTATION OF CONSENT ORDERS FOR POSSIBLE RATIFICATION & FORMAL HEARINGS

Wednesday, May 27, 2026
Commonwealth Conference Center
Second Floor
Board Room 2

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

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

CALL TO ORDER: A meeting of a quorum of the Board of Pharmacy (“Board”) was called to order at 9:01 AM for the purpose of consideration of two consent orders for possible ratification and formal hearing proceedings.

PRESIDING: Larry Kocot, Chairman

MEMBERS PRESENT: **Shannon Dowdy**, PharmD, Vice Chair
Patricia Richards-Spruill, RPh
Kris Ratliff, PharmD
Michelle Wilgus, Esq

STAFF PRESENT: **Sorayah Haden**, Executive Assistant
Caroline Juran, RPh, Executive Director
Jim Rutkowski, JD, Senior Assistant Attorney General
Ellen Shinaberry, PharmD, Deputy Executive Director

QUORUM: With five (5) members of the Board present, a quorum of the board was established.
NOTE: As of 5/27/26 the board consists of eight board members therefore five board members constitutes a quorum.

PURPOSE: Consideration of a consent order in the matter of Angela Bellamy, Pharmacy Technian. Rebecca Ribley, Adjudication Specialist, presented the consent order on behalf of the Commonwealth.

DECISION: Upon a motion by Dr. Dowdy, and duly seconded by Ms. Wilgus, the Board voted unanimously (5-0), accept the consent order.

PURPOSE: Consideration of a consent order in the matter of Kristina Weisiger, Pharmacist. Rebecca Ribley,

Adjudication Specialist, presented the consent order on behalf of the Commonwealth.

DECISION:

Upon a motion by Ms. Wilgus and duly seconded by Mrs. Richards-Spruill, the Board unanimously voted (5-0) to accept the consent order.

ADJOURN:

9:38 AM

FORMAL HEARING:

FELIPA CARO
Pharmacy Technician Registration:
0230-041901

A formal hearing was convened at 10:04 in the matter of Felipa Caro, pharmacy technician, to discuss allegations that she may have violated certain laws and regulations governing the practice of pharmacy technicians in Virginia as provided in the notice dated April 20, 2026.

PRESIDING:

Larry Kocot, Chairman

MEMBERS PRESENT:

Shannon Dowdy, PharmD, Vice Chair
Patricia Richards-Spruill, RPh
Kris Ratliff, PharmD
Michelle Wilgus, Esq

PANEL:

With five (5) members of the Board present, a panel of the board was established.

STAFF PRESENT:

Caroline D. Juran, Executive Director
Ellen Shinaberry, Deputy Executive Director
James Rutkowski, Sr. Assistant Attorney General
Sorayah Haden, Executive Assistant

Christine Andreoli, Adjudication Specialist, presented the case for the Commonwealth. Ms. Caro was not present at the hearing and was not represented by counsel.

WITNESSES: Maria Joson, Senior DHP Senior Investigator and Kenneth Sanders, III, Pharmacist, testified in person on behalf of the Commonwealth.

CLOSED MEETING: Upon a motion by Dr. Dowdy, and duly seconded by Ms. Wilgus, the Board voted 5-0, to convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia ("Code"), for the purpose of deliberation to reach a decision regarding the matter of Felipa Caro. Additionally, she moved that Ellen Shinaberry, Caroline Juran, Jim Rutkowski, and Sorayah Haden attend the closed meeting.

RECONVENE: Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Board reconvened an open meeting and announced the decision. (Dowdy/Wilgus)

DECISION: Upon a motion by Ms. Wilgus, and duly seconded by Dr. Dowdy, the Board voted 5-0 to accept the Findings of Fact and Conclusions of Law as presented by the Commonwealth.

Upon a motion by Dr. Ratliff, and duly seconded by Mrs. Richards-Spruill, the Board voted 5-0 to revoke the revoke the pharmacy technician registration of Felipa Caro.

ADJOURN: 10:52 AM

TIFFANY SMITH
Pharmacy Technician Registration:
0230-041662

FORMAL HEARING

A formal hearing was convened at 11:05 in the matter of Tiffany Smith, pharmacy technician, to discuss allegations that she may have violated certain laws and regulations governing the practice of pharmacy technicians in Virginia as provided in the notice dated April 20, 2026.

PRESIDING: Larry Kocot, Chairman

MEMBERS PRESENT:

Shannon Dowdy, PharmD, Vice Chair
Patricia Richards-Spruill, RPh
Kris Ratliff, PharmD
Michelle Wilgus, Esq

PANEL:

With five (5) members of the Board present, a panel of the board was established.

STAFF PRESENT:

Caroline D. Juran, Executive Director
Ellen Shinaberry, Deputy Executive Director
James Rutkowski, Sr. Assistant Attorney General
Sorayah Haden, Executive Assistant

Jess Weber, Adjudication Specialist, presented the case for the Commonwealth. Ms. Smith was not present at the hearing and was not represented by counsel.

WITNESSES:

Robin Carroll, Sr. Investigator, DHP testified in person on behalf of the Commonwealth. Amanda Sadzewicz, Pharmacist, Kroger #215, and Robert Losey, APRN, Psychiatric NP, testified by telephone on behalf of the Commonwealth.

CLOSED MEETING:

Upon a motion by Dr. Dowdy, and duly seconded by Ms. Wilgus, the Board voted 5-0, to convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia ("Code"), for the purpose of deliberation to reach a decision regarding the matter of Tiffany Smith. Additionally, she moved that Ellen Shinaberry, Caroline Juran, Jim Rutkowski, and Sorayah Haden attend the closed meeting.

RECONVENE:

Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Board reconvened an open meeting and announced the decision. (Dowdy/Ratliff)

DECISION:

Upon a motion by Ms. Wilgus, and duly seconded by Mrs. Richards-Spruill, the Board voted 5-0 to accept the Findings of Fact and Conclusions of Law as presented by the Commonwealth.

Upon a motion by Dr. Ratliff, and duly seconded by
Dr. Dowdy, the Board voted 5-0 to revoke the revoke
the pharmacy technician registration of Tiffany Smith.

ADJOURN:

11:55 AM

Caroline D. Juran, Executive Director

Date: _____

-

LOUISIANA BOARD OF PHARMACY

*Newsletter to Promote Pharmacy
and Drug Law Compliance.*

Upcoming Credential Renewals (26-04-827)

The renewal cycle for all certified pharmacy technician (CPT), automated medication system (AMS), and emergency drug kit (EDK) credentials is May 1 through June 30. Please check your email regularly during the last week of April for your renewal notice. Accounts that do not have an email address on file should expect to

receive a paper renewal notice by mail the first week of May. Any address change received after April 25, 2026, may not be reflected in the renewal mailing.

Any CPT, AMS, and EDK credentials not renewed by midnight on June 30, 2026, will expire.

Use of AI in Pharmacy Practice (26-04-828)

Because artificial intelligence (AI) is a rapidly evolving field, the following reflects the Louisiana Board of Pharmacy's current position, as of February 25, 2026, and may be updated as developments occur.

The Board recognizes the use of AI as a tool to assist pharmacists in automating routine tasks, enhancing

efficiency, and improving patient safety. However, AI shall only be used as a support mechanism and not replace the pharmacist's professional judgment, clinical decision making, patient counseling, final verification, or responsibility for regulatory compliance and direct patient care.

Access the National Pharmacy Compliance News

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Association of Boards of Pharmacy
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Board of Pharmacy
Current Regulatory Actions
As of May 5, 2026

In the Governor’s Office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC110-20	Final	Prohibition against incentives to transfer prescriptions	3/29/2017	2904 days; 9.1 years since submission for executive branch review	Addresses a patient safety concern.
18VAC110-20	Final/ Exempt	December 2025 scheduling of chemicals in Schedule I	1/6/2026	85 days	Places DFS recommendations in Schedule I
18VAC110-20 18VAC110-21 18VAC110-30 18VAC110-50	Final	Increase in fees	3/27/2025	70 days	Increases fees as needed for the Board to maintain operations.

In the Secretary’s Office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC110-30	Proposed	Implementation of 2021 periodic review	4/18/2023	984 days	Implements changes identified during the periodic review process
18VAC110-20	NOIRA	Addition of prescription product accuracy as an accepted activity for central or remote processing	1/6/2026	110 days	Addresses stakeholder comment to central fill and remote processing regulations
18VAC110-20	Final	Crisis stabilization services and use of automated	1/8/2026	104 days	Replaces emergency regulations

		dispensing systems and remote dispensing systems			mandated by legislation
18VAC110-20	NOIRA	Update to pharmacy permit application requirements	1/13/2026	102 days	Includes updates to applications noted in periodic reviews of Chapter 20
18VAC110-20 18VAC110-21	NOIRA	Amendments to Chapters 20 and 21 based on 2021 periodic review	1/14/2026	102 days	Combined regulatory action to replace withdrawn NOIRAs based on periodic review to remove obsolete changes
18VAC110-20	Fast-track	Allowance for correctional facilities to possess long-acting medication	10/7/2025	81 days	Enacting allowance for correctional facilities provided in 2025 legislation.
18VAC110-20	Proposed	Exclusion of private dwellings or residences from operating locations of CSRs	10/7/2025	68 days	Addresses a safety concern and coordinates CSR requirements with other establishment requirements.
18VAC110-20	Proposed	Requirements for use of central fill pharmacy and remote database access	1/8/2026	54 days	Replaces emergency regulations mandated by legislation
18VAC110-20	Fast-track	Inclusion of other opioid antagonists in regulations referring to naloxone	1/13/2026	22 days	Pursuant to legislative changes, the Board amended regulations referring to naloxone to include other

					opioid antagonists.
18VAC110-21	Fast-track	Allowance for students to take NABP exam prior to graduation	1/8/2026	18 days	Reduces burdens on applicants and streamlines the process of licensure

In the Department of Planning and Budget

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC110-20	Fast-track	Clarification regarding delivery of dispensed prescriptions	3/24/2026	5 days	Clearly states location requirements for delivery of dispensed prescriptions to alleviate confusion

In the Office of the Attorney General

None.

Recently effective or awaiting publication

None.

Agenda Item: Adoption of exempt regulatory action – addition of chemicals to Schedule I

Included in your agenda package:

- Recommendation from the Department of Forensic Science to place certain chemicals in Schedule I; and
- Amendments to 18VAC110-20-322.

Action needed:

- Motion to adopt exempt changes to 18VAC110-20-322 to add chemicals to Schedule I.



COMMONWEALTH of VIRGINIA

DEPARTMENT OF FORENSIC SCIENCE

OFFICE OF THE DIRECTOR
A Nationally Accredited Laboratory
dfs.virginia.gov

8850 Times Dispatch Boulevard, Suite 100
Mechanicsville, Virginia 23116
(804) 786-2281 FAX (804) 746-4465

To: Caroline Juran, Executive Director, Board of Pharmacy
From: Robyn Weimer, Chemistry Program Manager, Virginia Department of Forensic Science
Date: April 15, 2026
RE: **Recommendation for Expedited Scheduling of Controlled Substances**

Ms. Juran,

Pursuant to § 54.1-3443(D), the Virginia Department of Forensic Science has identified six (6) compounds for recommended inclusion into the Code of Virginia.

The following compounds are classified as synthetic opioids. Compounds of this type have been placed in Schedule I (§ 54.1-3446(1)) in previous legislative sessions.

1. **3-[2-[(dimethylamino)methyl]-1-hydroxycyclohexyl]phenol (other names: O-desmethyltramadol, ODMT)**, its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers and salts is possible within the specific chemical designation.
2. **3-[1-[1-(4-chlorophenyl)ethyl]piperidin-4-yl]-1H-benzimidazol-2-one (other names: chlorphine; 1-[1-[1-(4-chlorophenyl)ethyl]-4-piperidinyl]-1,3-dihydro-2H-benzimidazol-2-one)**, its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers and salts is possible within the specific chemical designation.
3. **3-[3-[1-[1-(4-chlorophenyl)ethyl]piperidin-4-yl]-2-oxobenzimidazol-1-yl]propanenitrile (other names: cyclophine; N-propionitrile chlorphine)**, its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers and salts is possible within the specific chemical designation.

Based on their chemical structure, the following compounds are expected to have hallucinogenic properties. Compounds of this type have been placed in Schedule I (§ 54.1-3446(3)) in previous legislative sessions.

4. **[3-[2-[ethyl(methyl)amino]ethyl]-1H-indol-4-yl] acetate (other names: 4-acetoxy-N-methyl-N-ethyltryptamine, 4-acetoxy-MET, 4-AcO-MET)**, its salts, isomers (optical, position, and geometric), and

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

5. **1-(4-bromophenyl)-2-pyrrolidin-1-ylpentan-1-one (other names: 4-bromo-alpha-pyrrolidinovalerophenone, 4-bromo-alpha-PVP)**, its salts, isomers (optical, position, and geometric), and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.
6. **1-[1-(3-methylphenyl)cyclohexyl]piperidine (other names: 3-methyl phencyclidine, 3-methyl PCP)**, its salts, isomers (optical, position, and geometric), and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.



Robyn Weimer
Chemistry Program Manager

Board of Pharmacy

June 2026 scheduling of chemicals in Schedule I

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

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

1. Compound expected to have depressant properties. 7-Bromo-5-(2-chlorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one (other name: phenazepam), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.
2. Cannabimimetic agent. Methyl N-[(5-methyl-1H-indazol-3-yl)carbonyl]-3-methylvalinate (other name: MDMB-5Me-INACA), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

The placement of drugs listed in this subsection shall remain in effect until November 21, 2026, unless enacted into law in the Drug Control Act.

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

1. The following compounds classified as synthetic opioids:
 - a. 2-[(4-methoxyphenyl)methyl]-5-nitro-1-(2-pyrrolidin-1-ylethyl)benzimidazole (other names: metonitazepyne, N-pyrrolidino metonitazene), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever

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

b. 2-[2-[(4-ethoxyphenyl)methyl]-5-nitrobenzimidazol-1-yl]-N-ethylethanamine (other name: N-desethyl etonitazene), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation.

c. N-(2-methylphenyl)-N-[1-(2-phenethyl)piperidin-4-yl]propanamide (other name: ortho-methylfentanyl), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation.

2. The following compounds expected to have hallucinogenic properties:

a. [3-[2-(diethylamino)ethyl]-1H-indol-4-yl] acetate (other names: 4-acetoxy-N,N-diethyltryptamine; 4-acetoxy DET; 4-AcO-DET; ethacatin), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

b. 3-[2-(diethylamino)ethyl]-1H-indol-4-ol (other names: 4-hydroxy-N,N-diethyltryptamine; 4-hydroxy DET; ethocin), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

c. 3-methylmethcathinone (other names: 3-MMC; metaphedrone; 2-(methylamino)-1-(3-methylphenyl)propan-1-one), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

3. The following compounds classified as cannabimimetic agents:

a. N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1H-indazole-3-carboxamide (other name: ADB-INACA), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

b. N-cyclohexyl-2-(1-pentylindol-3-yl)acetamide (other names: cyclohexyl-PIATA, CH-PIACA, CH-PIATA), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

The placement of drugs listed in this subsection shall remain in effect until November 21, 2026, unless enacted into law in the Drug Control Act.

C. Pursuant to subsection E of § 54.1-3443 of the Code of Virginia, the Board of Pharmacy places the following compounds into Schedule I of the Drug Control Act to conform to federal scheduling changes:

1. Meta-fluorofentanyl (other name: N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide);
2. Meta-fluoroisobutyryl fentanyl (other name: N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);
3. Para-methoxyfuranyl fentanyl (other name: N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide);
4. 3-furanyl fentanyl (other name: N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-3-carboxamide);
5. 2',5'-dimethoxyfentanyl (other name: N-(1-(2,5-dimethoxyphenethyl)piperidin-4-yl)-N-phenylpropionamide);

6. Isovaleryl fentanyl (other name: 3-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);
7. Ortho-fluorofuranyl fentanyl (other name: N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide);
8. Para-methylcyclopropyl fentanyl (other name: N-(4-methylphenyl)-N-(1-phenethylpiperidin-4-yl)cyclopropanecarboxamide);
9. Methyl 2-[[1-(4-fluorobutyl)indole-3-carbonyl]amino]-3,3-dimethyl-butanoate (other names: 4F-MDMB-BUTICA; 4F-MDMB-BICA);
10. 5-Pentyl-2-(2-phenylpropan-2-yl)pyrido[4,3-b]indol-1-one (other names: CUMYL-PEGACLONE; SGT-151);
11. Ethyl 2-[[1-(5-fluoropentyl)indole-3-carbonyl]amino]-3,3-dimethyl-butanoate (other names: 5F-EDMB-PICA; 5F-EDMB-2201); and
12. 2-(4-ethoxybenzyl)-5-nitro-1-(2-(piperidin-1-yl)ethyl)-1H-benzimidazole (other names: N-piperidinyl etonitazene; etonitazepipne).

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

1. The following compound expected to have hallucinogenic properties: N,N-dipropyl-1H-indole-3-ethanamine (other names: Dipropyltryptamine; N,N-DPT), its salts, isomers (optical, position, and geometric), and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation; and
2. The following cannabimimetic agent: N-(1-amino-3-methyl-1-oxobutan-2-yl)-3-(dimethylsulfamoyl)-4-methylbenzamide (other name: AB-MDMSBA), its salts, isomers,

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

The placement of drugs listed in this subsection shall remain in effect until April 8, 2027, unless enacted into law in the Drug Control Act.

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

1. The following compound classified as a synthetic opioid: N-(2-methylphenyl)-1-(2-phenylethyl)piperidin-4-amine (other name: Despropionyl o-methylfentanyl), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation.

2. The following compounds expected to have hallucinogenic properties:

a. [3-[2-(dimethylamino)ethyl]-1H-indol-4-yl] propanoate (other names: 4-propionoyloxy-N,N-dimethyltryptamine, 4-propanoyloxy DMT, 4-ProO DMT), its salts, isomers (optical, position, and geometric), and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

b. 1-(1,3-benzodioxol-5-yl)-2-(2-methylpropylamino)propan-1-one (other names: 3,4-methylenedioxy-N-isobutylcathinone; N-isobutyl methylone; 3,4-methylenedioxy- α -isobutylaminopropiophenone), its salts, isomers (optical, position, and geometric), and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

c. 2-bromo-Deschloroketamine (other name: 2-(2-bromophenyl)-2-(methylamino)-cyclohexanone), its salts, isomers (optical, position, and geometric), and salts of

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

3. The following compound expected to have depressant properties: 1-methyl-8-nitro-6-phenyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine (other name: Nitrazolam), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

4. The following compounds classified as cannabimimetic agents:

a. Naphthalen-1-yl 3-(dimethylsulfamoyl)-4-methylbenzoate (other names: NMDMSB; 1-naphthyl 3-(dimethylsulfamoyl)-4-methylbenzoate), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

b. N-[1-(5-fluoropentyl)-2-hydroxyindol-3-yl]iminobenzamide (other names: 5-fluoro BZO-POXIZID, 5-fluoropentyl MDA 19), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

The placement of drugs listed in this subsection shall remain in effect until September 11, 2027, unless enacted into law in the Drug Control Act.

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

1. The following compounds classified as synthetic opioids:

a. 3-[2-[(dimethylamino)methyl]-1-hydroxycyclohexyl]phenol (other names: O-desmethyltramadol, ODMT), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers and salts is possible within the specific chemical designation.

b. 3-[1-[1-(4-chlorophenyl)ethyl]piperidin-4-yl]-1H-benzimidazol-2-one (other names: chlorphine; 1-[1-[1-(4-chlorophenyl)ethyl]-4-piperidinyl]-1,3-dihydro-2H-benzimidazol-2-one), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers and salts is possible within the specific chemical designation.

c. 3-[3-[1-[1-(4-chlorophenyl)ethyl]piperidin-4-yl]-2-oxobenzimidazol-1-yl]propanenitrile (other names: cychlorphine; N-propionitrile chlorphine), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers and salts is possible within the specific chemical designation.

2. The following compounds expected to have hallucinogenic properties:

a. [3-[2-[ethyl(methyl)amino]ethyl]-1H-indol-4-yl] acetate (other names: 4-acetoxy-N-methyl-N-ethyltryptamine, 4-acetoxy-MET, 4-AcO-MET), its salts, isomers (optical, position, and geometric), and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

b. 1-(4-bromophenyl)-2-pyrrolidin-1-ylpentan-1-one (other names: 4-bromo-alpha-pyrrolidinovalerophenone, 4-bromo-alpha-PVP), its salts, isomers (optical, position, and geometric), and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

c. 1-[1-(3-methylphenyl)cyclohexyl]piperidine (other names: 3-methyl phencyclidine, 3-methyl PCP), its salts, isomers (optical, position, and geometric), and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

The placement of drugs listed in this subsection shall remain in effect until [January 16, 2028],
unless enacted into law in the Drug Control Act.

Draft

Agenda Item: Adoption of exempt regulatory action – conformity of schedules to federal scheduling actions

Included in your agenda package:

- Compilation of recent federal scheduling announcements; and
- Amendments to 18VAC110-20-323.

Action needed:

- Motion to adopt exempt changes to 18VAC110-20-323 to conform Virginia schedules to recent federal scheduling actions.

Summary of chemicals recently scheduled in the Federal Register as of 5/6/2026 that have not yet been scheduled under state law

1. Fentanyl-related substances

(Two have already been scheduled. Action needed on the remaining five highlighted below.)

AGENCY:

Drug Enforcement Administration, Department of Justice.

ACTION:

Final rule.

SUMMARY:

The Drug Enforcement Administration places seven fentanyl-related substances, as identified in this final rule, including their isomers, esters, ethers, salts and salts of isomers, esters and ethers in schedule I of the Controlled Substances Act. The regulatory controls and administrative, civil, and criminal sanctions applicable to schedule I controlled substances on persons who handle (manufacture, distribute, import, export, engage in research, conduct instructional activities or chemical analysis, or possess), or propose to handle these seven specific controlled substances will continue to apply as a result of this action.

DATES:

Effective September 18, 2025.

SUPPLEMENTARY INFORMATION:

In this final rule, the Drug Enforcement Administration (DEA) permanently schedules the following seven controlled substances in schedule I of the Controlled Substances Act (CSA), including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation:

- *ortho*-chlorofentanyl (*N*-(2-chlorophenyl)-*N*-(1-phenethylpiperidin-4-yl)propionamide)
- *meta*-fluorofuranyl fentanyl (*N*-(3-fluorophenyl)-*N*-(1-phenethylpiperidin-4-yl)furan-2-carboxamide)

- *ortho*-methylcyclopropyl fentanyl (*N*-(2-methylphenyl)-*N*-(1-phenethylpiperidin-4-yl)cyclopropanecarboxamide)
- *beta*-methylacetyl fentanyl (*N*-phenyl-*N*-(1-(2-phenylpropyl)piperidin-4-yl)acetamide)
- tetrahydrothiofuranyl fentanyl (*N*-(1-phenethylpiperidin-4-yl)-*N*-phenyltetrahydrothiophene-2-carboxamide)

2. Hexahydrocannabinol

AGENCY:

Drug Enforcement Administration, Department of Justice.

ACTION:

Final rule.

SUMMARY:

The Drug Enforcement Administration (DEA) is establishing a specific listing and DEA Controlled Substances Code Number (drug code) for 6,6,9-trimethyl-3-pentyl-6a,7,8,9,10,10a-hexahydro-6 *H* -benzo[*c*]chromen-1-ol (also known as hexahydrocannabinol, and HHC) in schedule I of the Controlled Substances Act (CSA). Although hexahydrocannabinol is not specifically listed in schedule I of the CSA with its own unique drug code, it is a schedule I controlled substances in the United States under drug code 7370 because it meets the definition of tetrahydrocannabinols, a schedule I hallucinogen. Therefore, DEA is simply amending the schedule I hallucinogenic substances list to separately include hexahydrocannabinol.

DATES:

Effective May 4, 2026.

SUPPLEMENTARY INFORMATION:

Hexahydrocannabinol Control

Hexahydrocannabinol (also known as 6,6,9-trimethyl-3-pentyl-6a,7,8,9,10,10a-hexahydro-6 *H* -benzo[*c*]chromen-1-ol, and HHC) is a synthetic substance that is structurally related to tetrahydrocannabinols. Hexahydrocannabinol is currently controlled in schedule I as a tetrahydrocannabinol.

The Agriculture Improvement Act of 2018 (AIA), [Public Law 115-334](#), amended the CSA to remove “tetrahydrocannabinols in hemp” from control.^[1] Importantly, the AIA

defined the term “hemp” to mean “the plant *Cannabis sativa L.* and any part of that plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not, with a delta-9-tetrahydrocannabinol concentration of not more than 0.3 percent on a dry weight basis.”^[2] Thus, only tetrahydrocannabinols in or derived from the cannabis plant—not synthetic tetrahydrocannabinols—are excluded from control as “tetrahydrocannabinols in hemp.” To clarify further, tetrahydrocannabinols produced through chemical conversion, even when hemp derived are considered synthetically produced for purposes of the CSA, do not qualify as “tetrahydrocannabinols in hemp” under the AIA.

3. Ethyleneoxynitazene, Methylenedioxyntazene, 5-Methyl Etodesnitazene, N-Desethyl Protonitazene, N,N-Dimethylamino Etonitazene

AGENCY:

Drug Enforcement Administration, Department of Justice.

ACTION:

Temporary amendment; temporary scheduling order.

SUMMARY:

The Drug Enforcement Administration issues this temporary order to schedule seven benzimidazole-opioids, as identified in this order, in schedule I of the Controlled Substances Act. DEA bases this action on a finding that placing these substances in schedule I is necessary to avoid imminent hazard to public safety. This order imposes the regulatory controls and administrative, civil, and criminal sanctions applicable to schedule I controlled substances on persons who handle (manufacture, distribute, reverse distribute, import, export, engage in research, conduct instructional activities or chemical analysis, or possess) or propose to handle these substances.

DATES:

This temporary order is effective October 15, 2025, until October 15, 2027. If this order is extended or made permanent, DEA will publish a document in the **Federal Register**.

SUPPLEMENTARY INFORMATION:

The Drug Enforcement Administration (DEA) issues a temporary scheduling order^[1] (in the form of a temporary amendment) to add the following seven benzimidazole-opioid substances, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers whenever the existence of such isomers, esters, ethers, and salts is possible, to schedule I under the Controlled Substances Act (CSA):

- 2-(2-((2,3-dihydrobenzofuran-5-yl)methyl)-5-nitro-1*H*-benzimidazol-1-yl)-*N,N*-diethylethan-1-amine (commonly known as, ethyleneoxynitazene),
- 2-(2-(benzodioxol-5-ylmethyl)-5-nitro-1*H*-benzimidazol-1-yl)-*N,N*-diethylethan-1-amine (commonly known as, methylenedioxyntazene or 3',4'-methylenedioxyntazene),
- 2-(2-(4-ethoxybenzyl)-5-methyl-1*H*-benzimidazol-1-yl)-*N,N*-diethylethan-1-amine (commonly known as, 5-methyl etodesnitazene),
- *N*-ethyl-2-(5-nitro-2-(4-propoxybenzyl)-1*H*-benzimidazol-1-yl)ethan-1-amine (commonly known as, *N*-desethyl protonitazene),
- 2-(2-(4-ethoxybenzyl)-5-nitro-1*H*-benzimidazol-1-yl)-*N,N*-dimethylethan-1-amine (commonly known as, *N,N*-dimethylamino etonitazene)

4. Cannabimimetic Agents

AGENCY:

Drug Enforcement Administration, Department of Justice.

ACTION:

Final rule.

SUMMARY:

The Drug Enforcement Administration is publishing this final rule to amend its regulations related to “cannabimimetic agents” by including the term's definition, identifying 18 additional substances that meet the definition, and consolidating most existing administration controlled substances code numbers (drug codes) into a single drug code number for substances that meet this definition. The listing for two schedule I “cannabimimetic agents” that are under international control, JWH-018 and AM2201, are moved to the “hallucinogens” paragraph of schedule I but retain their existing drug codes to facilitate quota and international reporting requirements. While this final rule does not change the current and continuing schedule I status for the 18 additional substances meeting the definition of “cannabimimetic agents,” these and other substances meeting this definition will be assigned a new administration controlled substances code number once this final rule becomes effective.

DATES:

This final rule is effective February 19, 2026.

SUPPLEMENTARY INFORMATION:

Background and Legal Authority

On July 9, 2012, the Synthetic Drug Abuse Prevention Act of 2012 (SDAPA), [Public Law 112-144](#), Title XI, Subtitle D, became effective. SDAPA amended the Controlled Substances Act (CSA) by legislatively placing “cannabimimetic agents” in schedule I.^[1] On January 4, 2013, the Drug Enforcement Administration (DEA) published a final rule in the **Federal Register** that added paragraph (g) to [21 CFR 1308.11](#) with the title “cannabimimetic agents,” and assigned unique administration controlled substances code numbers (drug codes) for 15 substances included in SDAPA that met this definition.^[2]

DEA later published a notice of proposed rulemaking (NPRM) on April 13, 2023, proposing to make technical, organizational, and conforming amendments to [21 CFR 1308.11\(g\)](#).^[3] This rulemaking finalizes that NPRM by doing the following: (i) incorporating the structural and pharmacological definition of “cannabimimetic agents” found in [21 U.S.C. 812\(d\)](#) into [21 CFR 1308.11\(g\)](#); (ii) listing 18 additional substances that meet the structural and pharmacological definition of “cannabimimetic agents” in [21 CFR 1308.11\(g\)](#); (iii) consolidating 13 of the 15 existing drug codes previously assigned to “cannabimimetic agents” and establishing a single drug code for most substances that meet this definition; and (iv) moving two substances (JWH-018 and AM2201) from paragraph [21 CFR 1308.11\(g\)](#) to [21 CFR 1308.11\(d\)](#) but retaining their existing drug codes (7118 and 7201, respectively) to facilitate quota and international reporting requirements.

The 18 additional substances that meet the structural and pharmacological definition in accordance with SDAPA are: AM-1220; AM-2233; EAM-2201; JWH-098; JWH-184; JWH-193; JWH-210; MAM-2201; JWH-007; JWH-022; JWH-147; JWH-302; JWH-307; JWH-412; WIN 55,212-2; CP-55,940; CP-47,497 C6 homolog; and CP-47,497 C9 homolog.

Further, the two substances that were originally listed in [21 CFR 1308.11\(g\)](#)—JWH-018 and AM2201—are also listed in Schedule II of the Convention on Psychotropic Substances of 1971 (1971 Convention), Feb. 21, 1971, 32 U.S.T. 543, 1019 U.N.T.S. 175, as amended.^[4] To facilitate reporting as required under Article 16 the 1971 Convention, this final rule moves the listing for these two substances from [21 CFR 1308.11\(g\)](#) to [21 CFR 1308.11\(d\)](#), as discussed above. Because this final rule assigns all substances in [21 CFR 1308.11\(g\)](#) a single drug code, these two substances are moved to maintain their existing drug codes and allow DEA to continue collecting data that is then reported to the International Narcotics Control Board (INCB) on Form P.^[5]

PART 1308—SCHEDULES OF CONTROLLED SUBSTANCES

(P) (4-ethylnaphthalen-1-yl)(1-(5-fluoropentyl)-1*H*-indol-3-yl)methanone (EAM-2201);

(Q) (4-methoxynaphthalen-1-yl)(2-methyl-1-pentyl-1*H*-indol-3-yl)methanone (JWH-098);

(R) 3-((4-methylnaphthalen-1-yl)methyl)-1-pentyl-1*H*-indole (JWH-184);

(S) (4-methylnaphthalen-1-yl)(1-(2-morpholinoethyl)-1*H*-indol-3-yl)methanone (JWH-193);

(V) (2-methyl-1-pentyl-1*H*-indol-3-yl)(naphthalen-1-yl)methanone (JWH-007);

(W) naphthalen-1-yl(1-(pent-4-en-1-yl)-1*H*-indol-3-yl)methanone (JWH-022);

(X) (1-hexyl-5-phenyl-1*H*-pyrrol-3-yl)(naphthalen-1-yl)methanone (JWH-147);

(Y) 2-(3-methoxyphenyl)-1-(1-pentyl-1*H*-indol-3-yl)ethan-1-one (JWH-302);

(Z) (5-(2-fluorophenyl)-1-pentyl-1*H*-pyrrol-3-yl)(naphthalen-1-yl)methanone (JWH-307);

(AA) (4-fluoronaphthalen-1-yl)(1-pentyl-1*H*-indol-3-yl)methanone (JWH-412);

(BB) (5-methyl-3-(morpholinomethyl)-2,3-dihydro-[1,4]oxazino[2,3,4-*hi*]indol-6-yl)(naphthalen-1-yl)methanone (WIN 55,212-2);

(CC) 2-(5-hydroxy-2-(3-hydroxypropyl)cyclohexyl)-5-(2-methyloctan-2-yl)phenol (CP-55,940);

Board of Pharmacy

June 2026 scheduling action to conform to federal scheduling changes September 2025
to May 2026

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

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

1. Replaces 4-anilino-N-phenethyl-4-piperidine (CASRN 21409-26-7) in Schedule II with 4-anilino-N-phenethylpiperidine (ANPP);
2. Deletes Samidorphan from Schedule II; ~~and~~
3. Adds the following chemicals into Schedule I:
 - a. Unless specifically exempted or unless listed in another schedule, any material, compound, mixture, or preparation that contains any quantity of a fentanyl-related substance or that contains the salts, isomers, and salts of isomers of a fentanyl-related substance whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.
 - b. For purposes of subdivision 3 a of this section, except as provided in subdivision 3 c of this section, the term "fentanyl-related substance" means any substance that is structurally related to fentanyl by one or more of the following modifications:
 - (1) By replacement of the phenyl portion of the phenethyl group by any monocycle, whether or not further substituted in or on the monocycle;
 - (2) By substitution in or on the phenethyl group with alkyl, alkenyl, alkoxy, hydroxyl, halo, haloalkyl, amino, or nitro groups;

(3) By substitution in or on the piperidine ring with alkyl, alkenyl, alkoxy, ester, ether, hydroxyl, halo, haloalkyl, amino, or nitro groups;

(4) By replacement of the aniline ring with any aromatic monocycle, whether or not further substituted in or on the aromatic monocycle; or

(5) By replacement of the N-propionyl group with another acyl group.

c. A substance that satisfies the definition of the term "fentanyl-related substance" in subdivision 3 b of this section shall not be treated as a fentanyl-related substance subject to Schedule I if the substance is expressly listed in a schedule other than Schedule I.

d. The absence of a substance from Schedule I in the Drug Control Act (§ 54.1-3400 et seq of the Code of Virginia) or board regulation does not negate the control status of the substance under Schedule I if the substance satisfies the definition of the term "fentanyl-related substance" in subdivision 3 b of this section and does not meet the exception requirement of subdivision 3 c of this section.

4. Adds the following chemicals to Schedule I, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation:

a. *Ortho*-chlorofentanyl (*N*-(2-chlorophenyl)-*N*-(1-phenethylpiperidin-4-yl)propionamide).

b. *Meta*-fluorofuranyl fentanyl (*N*-(3-fluorophenyl)-*N*-(1-phenethylpiperidin-4-yl)furan-2-carboxamide).

c. *Ortho*-methylcyclopropyl fentanyl (*N*-(2-methylphenyl)-*N*-(1-phenethylpiperidin-4-yl)cyclopropanecarboxamide).

d. Beta-methylacetyl fentanyl (N-phenyl-N-(1-(2-phenylpropyl)piperidin-4-yl)acetamide).

e. Tetrahydrothiofuranyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrothiophene-2-carboxamide).

5. Add the following benzimidazole-opioid substances, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers whenever the existence of such isomers, esters, ethers, and salts is possible, to Schedule I:

a. 2-(2-((2,3-dihydrobenzofuran-5-yl)methyl)-5-nitro-1H-benzimidazol-1-yl)-N,N-diethylethan-1-amine (commonly known as, ethyleneoxynitazene).

b. 2-(2-(benzodioxol-5-ylmethyl)-5-nitro-1H-benzimidazol-1-yl)-N,N-diethylethan-1-amine (commonly known as, methylenedioxyntazene or 3',4'-methylenedioxyntazene).

c. 2-(2-(4-ethoxybenzyl)-5-methyl-1H-benzimidazol-1-yl)-N,N-diethylethan-1-amine (commonly known as, 5-methyl etodesnitazene).

d. N-ethyl-2-(5-nitro-2-(4-propoxybenzyl)-1H-benzimidazol-1-yl)ethan-1-amine (commonly known as, N-desethyl protonitazene).

e. 2-(2-(4-ethoxybenzyl)-5-nitro-1H-benzimidazol-1-yl)-N,N-dimethylethan-1-amine (commonly known as, N,N-dimethylamino etonitazene).

6. Adds the following Cannabimimetic agents to Schedule I:

a. (4-ethylnaphthalen-1-yl)(1-(5-fluoropentyl)-1H-indol-3-yl)methanone (EAM-2201).

b. (4-methoxynaphthalen-1-yl)(2-methyl-1-pentyl-1H-indol-3-yl)methanone (JWH-098).

c. 3-((4-methylnaphthalen-1-yl)methyl)-1-pentyl-1H-indole (JWH-184).

d. (4-methylnaphthalen-1-yl)(1-(2-morpholinoethyl)-1*H*-indol-3-yl)methanone (JWH-193).

e. (2-methyl-1-pentyl-1*H*-indol-3-yl)(naphthalen-1-yl)methanone (JWH-007).

f. naphthalen-1-yl(1-(pent-4-en-1-yl)-1*H*-indol-3-yl)methanone (JWH-022).

g. (1-hexyl-5-phenyl-1*H*-pyrrol-3-yl)(naphthalen-1-yl)methanone (JWH-147).

h. 2-(3-methoxyphenyl)-1-(1-pentyl-1*H*-indol-3-yl)ethan-1-one (JWH-302).

i. (5-(2-fluorophenyl)-1-pentyl-1*H*-pyrrol-3-yl)(naphthalen-1-yl)methanone (JWH-307).

j. (4-fluoronaphthalen-1-yl)(1-pentyl-1*H*-indol-3-yl)methanone (JWH-412).

k. (5-methyl-3-(morpholinomethyl)-2,3-dihydro-[1,4]oxazino[2,3,4-*h*]indol-6-yl)(naphthalen-1-yl)methanone (WIN 55.212-2).

l. 2-(5-hydroxy-2-(3-hydroxypropyl)cyclohexyl)-5-(2-methyloctan-2-yl)phenol (CP-55,940).

7. Adds the following hallucinogenic substance to Schedule I: 6,6,9-trimethyl-3-pentyl-6a,7,8,9,10,10a-hexahydro-6*H*-benzo[*c*]chromen-1-ol (also known as hexahydrocannabinol and HHC).

Agenda Item: Adoption of exempt regulatory action – removal of chemicals in Schedule I pursuant to legislation

Included in your agenda package:

- Amendments to 18VAC110-20-322 to remove chemicals added to the Virginia Code by the General Assembly.

Action needed:

- Motion to adopt exempt changes to 18VAC110-20-322 to remove chemicals from Schedule I which are no longer needed in regulation.

Project 8640 - Final

Board of Pharmacy

Exempt scheduling action following 2026 legislation

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

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

~~1. Compound expected to have depressant properties. 7-Bromo-5-(2-chlorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one (other name: phenazepam), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.~~

~~2. Cannabimimetic agent. Methyl N-[(5-methyl-1H-indazol-3-yl)carbonyl]-3-methyl-valinate (other name: MDMB-5Me-INACA), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.~~

~~The placement of drugs listed in this subsection shall remain in effect until November 21, 2026, unless enacted into law in the Drug Control Act.~~

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

~~1. The following compounds classified as synthetic opioids:~~

~~a. 2-[(4-methoxyphenyl)methyl]-5-nitro-1-(2-pyrrolidin-1-ylethyl)benzimidazole (other names: metonitazepyne, N-pyrrolidino metonitazene), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever~~

~~the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation.~~

~~b. 2-[2-[(4-ethoxyphenyl)methyl]-5-nitrobenzimidazol-1-yl]-N-ethylethanamine (other name: N-desethyl-etonitazene), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation.~~

~~c. N-(2-methylphenyl)-N-[1-(2-phenethyl)piperidin-4-yl]propanamide (other name: ortho-methylfentanyl), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation.~~

~~2. The following compounds expected to have hallucinogenic properties:~~

~~a. [3-[2-(diethylamino)ethyl]-1H-indol-4-yl] acetate (other names: 4-acetoxy-N,N-diethyltryptamine; 4-acetoxy DET; 4-AcO-DET; ethacetin), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.~~

~~b. 3-[2-(diethylamino)ethyl]-1H-indol-4-ol (other names: 4-hydroxy-N,N-diethyltryptamine; 4-hydroxy DET; ethocin), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.~~

~~c. 3-methylmethcathinone (other names: 3-MMC; metaphedrone; 2-(methylamino)-1-(3-methylphenyl)propan-1-one), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.~~

~~3. The following compounds classified as cannabimimetic agents:~~

a. ~~N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1H-indazole-3-carboxamide~~ (other name: ADB-INACA), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

b. ~~N-cyclohexyl-2-(1-pentylindol-3-yl)acetamide~~ (other names: cyclohexyl-PIATA, CH-PIACA, CH-PIATA), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

The placement of drugs listed in this subsection shall remain in effect until November 21, 2026, unless enacted into law in the Drug Control Act.

C. Pursuant to subsection E of § 54.1-3443 of the Code of Virginia, the Board of Pharmacy places the following compounds into Schedule I of the Drug Control Act to conform to federal scheduling changes:

1. ~~Meta-fluorofentanyl~~ (other name: ~~N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide~~);
2. ~~Meta-fluoroisobutyryl fentanyl~~ (other name: ~~N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide~~);
3. ~~Para-methoxyfuranyl fentanyl~~ (other name: ~~N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide~~);
4. ~~3-furanyl fentanyl~~ (other name: ~~N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-3-carboxamide~~);
5. ~~2',5'-dimethoxyfentanyl~~ (other name: ~~N-(1-(2,5-dimethoxyphenethyl)piperidin-4-yl)-N-phenylpropionamide~~);

- ~~6. Isovaleryl fentanyl (other name: 3-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);~~
- ~~7. Ortho-fluorofuranyl fentanyl (other name: N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide);~~
- ~~8. Para-methylcyclopropyl fentanyl (other name: N-(4-methylphenyl)-N-(1-phenethylpiperidin-4-yl)cyclopropanecarboxamide);~~
- ~~9. Methyl-2-[[1-(4-fluorobutyl)indole-3-carbonyl]amino]-3,3-dimethyl-butanoate (other names: 4F-MDMB-BUTICA; 4F-MDMB-BICA);~~
- ~~10. 5-Pentyl-2-(2-phenylpropan-2-yl)pyrido[4,3-b]indol-1-one (other names: CUMYL-PEGACLONE; SGT-151);~~
- ~~11. Ethyl-2-[[1-(5-fluoropentyl)indole-3-carbonyl]amino]-3,3-dimethyl-butanoate (other names: 5F-EDMB-PICA; 5F-EDMB-2201); and~~
- ~~12. 2-(4-ethoxybenzyl)-5-nitro-1-(2-(piperidin-1-yl)ethyl)-1H-benzimidazole (other names: N-piperidinyl-etonitazene; etonitazepipne).~~

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

- ~~1. The following compound expected to have hallucinogenic properties: N,N-dipropyl-1H-indole-3-ethanamine (other names: Dipropyltryptamine; N,N-DPT), its salts, isomers (optical, position, and geometric), and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation; and~~
- ~~2. The following cannabimimetic agent: N-(1-amino-3-methyl-1-oxobutan-2-yl)-3-(dimethylsulfamoyl)-4-methylbenzamide (other name: AB-MDMSBA), its salts, isomers,~~

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

~~The placement of drugs listed in this subsection shall remain in effect until April 8, 2027, unless enacted into law in the Drug Control Act.~~

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

1. The following compound classified as a synthetic opioid: N-(2-methylphenyl)-1-(2-phenylethyl)piperidin-4-amine (other name: Despropionyl o-methylfentanyl), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation.

2. The following compounds expected to have hallucinogenic properties:

a. [3-[2-(dimethylamino)ethyl]-1H-indol-4-yl] propanoate (other names: 4-propionoyloxy-N,N-dimethyltryptamine, 4-propanoyloxy DMT, 4-ProO DMT), its salts, isomers (optical, position, and geometric), and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

b. 1-(1,3-benzodioxol-5-yl)-2-(2-methylpropylamino)propan-1-one (other names: 3,4-methylenedioxy-N-isobutylcathinone; N-isobutyl methylone; 3,4-methylenedioxy- α -isobutylaminopropiophenone), its salts, isomers (optical, position, and geometric), and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

c. 2-bromo-Deschloroketamine (other name: 2-(2-bromophenyl)-2-(methylamino)-cyclohexanone), its salts, isomers (optical, position, and geometric), and salts of

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

3. The following compound expected to have depressant properties: 1-methyl-8-nitro-6-phenyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine (other name: Nitrazolam), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

4. The following compounds classified as cannabimimetic agents:

a. Naphthalen-1-yl 3-(dimethylsulfamoyl)-4-methylbenzoate (other names: NMDMSB; 1-naphthyl 3-(dimethylsulfamoyl)-4-methylbenzoate), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

b. N-[1-(5-fluoropentyl)-2-hydroxyindol-3-yl]iminobenzamide (other names: 5-fluoro BZO-POXIZID, 5-fluoropentyl MDA 19), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

The placement of drugs listed in this subsection shall remain in effect until September 11, 2027, unless enacted into law in the Drug Control Act.

Agenda Item: Adoption of fast-track regulatory action

Included in your agenda package:

- Draft regulatory amendments to include “animal hospital” in the definition of “hospital” found in 18VAC110-20-10.

Action needed:

- Motion to adopt regulatory changes to 18VAC110-20-10 to amend the definition of “hospital.”

Project 8636 - Fast-Track

Board of Pharmacy

Amendment of definition of hospital to incorporate hospitals for animals which hold a veterinary establishment registration

18VAC110-20-10. Definitions.

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

"Acquisition" of an existing entity permitted, registered, or licensed by the board means (i) the purchase or transfer of all or substantially all of the assets of the entity or of any corporation that owns or controls the entity; (ii) the creation of a partnership by a sole proprietor or change in partnership composition; (iii) the acquiring of 50% or more of the outstanding shares of voting stock of a corporation owning the entity or of the parent corporation of a wholly owned subsidiary owning the entity, except that this shall not apply to any corporation the voting stock of which is actively traded on any securities exchange or in any over-the-counter market; or (iv) the merger of a corporation owning the entity or of the parent corporation of a wholly owned subsidiary owning the entity with another business or corporation.

"Actively reports" means reporting all dispensing errors and analyses of such errors to a patient safety organization as soon as practical or at least within 30 days of identifying the error.

"Alternate delivery site" means a location authorized in 18VAC110-20-275 to receive dispensed prescriptions on behalf of and for further delivery or administration to a patient.

"Analysis" means a review of the findings collected and documented on each dispensing error, assessment of the cause, and any factors contributing to the dispensing error, and any

recommendation for remedial action to improve pharmacy systems and workflow processes to prevent or reduce future errors.

"Authorized collector" means a narcotic treatment program, hospital or clinic with an on-site pharmacy, or pharmacy that is authorized by the U.S. Drug Enforcement Administration to receive drugs for the purpose of destruction.

"Beyond-use date" means the date beyond which the integrity of a compounded, repackaged, or dispensed drug can no longer be ensured and as such is deemed to be adulterated or misbranded as defined in §§ 54.1-3461 and 54.1-3462 of the Code of Virginia.

"Board" means the Virginia Board of Pharmacy.

"Chart order" means a lawful order for a drug or device entered on the chart or in a medical record of a patient by a prescriber or the prescriber's designated agent.

"Compliance packaging" means packaging for dispensed drugs that is comprised of a series of containers for solid oral dosage forms and designed to assist the user in administering or self-administering the drugs in accordance with directions for use.

"Correctional facility" means any prison, penitentiary, penal facility, jail, detention unit, or other facility in which persons are incarcerated by government officials.

"DEA" means the U.S. Drug Enforcement Administration.

"Designated location" means a station, EMS agency substation or satellite location, or other location approved by the DEA, if applicable, and designated by an EMS agency or regional EMS council.

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

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

- a. Incorrect drug;
 - b. Incorrect drug strength;
 - c. Incorrect dosage form;
 - d. Incorrect patient; or
 - e. Inadequate or incorrect packaging, labeling, or directions.
2. Failure to exercise professional judgment in identifying and managing:
- a. Known therapeutic duplication;
 - b. Known drug-disease contraindications;
 - c. Known drug-drug interactions;
 - d. Incorrect drug dosage or duration of drug treatment;
 - e. Known drug-allergy interactions;
 - f. A clinically significant, avoidable delay in therapy; or
 - g. Any other significant, actual, or potential problem with a patient's drug therapy.
3. Delivery of a drug to the incorrect patient.
4. Variation in bulk repackaging or filling of automated devices, including:
- a. Incorrect drug;
 - b. Incorrect drug strength;
 - c. Incorrect dosage form; or
 - d. Inadequate or incorrect packaging or labeling.

"Drug donation site" means a permitted pharmacy that specifically registers with the board for the purpose of receiving or redispensing eligible donated prescription drugs pursuant to § 54.1-3411.1 of the Code of Virginia.

"Electronic prescription" means a written prescription that is generated on an electronic application and is transmitted to a pharmacy as an electronic data file; Schedules II through V prescriptions shall be transmitted in accordance with 21 CFR Part 1300.

"Emergency medical services provider" or "EMS provider" means the same as defined in 12VAC5-31-10.

"Emergency medical services vehicle" or "EMS vehicle" has the same meaning prescribed in § 32.1-111.1 of the Code of Virginia.

"EMS agency" has the same meaning as prescribed in § 32.1-111.1 of the Code of Virginia.

"Expiration date" means that date placed on a drug package by the manufacturer or repacker beyond which the product may not be dispensed or used.

"Faxed prescription" means a written prescription or order that is transmitted by an electronic device that sends over telephone lines the exact image to the receiver (pharmacy) in a hard copy form.

"FDA" means the U.S. Food and Drug Administration.

"Floor stock" means a supply of drugs that have been distributed for the purpose of general administration by a prescriber or other authorized person pursuant to a valid order of a prescriber.

"Forgery" means a prescription that was falsely created, falsely signed, or altered.

"Generic drug name" means the nonproprietary name listed in the United States Pharmacopeia-National Formulary (USP-NF) or in the United States Adopted Names (USAN) and the USP Dictionary of Drug Names.

"Hospital" or "nursing home" means those facilities as defined in Title 32.1 of the Code of Virginia or as defined in regulations by the Virginia Department of Health. "Hospital" may also mean a hospital for animals which (i) holds a veterinary establishment registration issued by the Board of Veterinary Medicine, (ii) is operated by a school of veterinary medicine located in Virginia, and (iii) whose drugs are under the control of a pharmacy providing services to the hospital.

"Hospital-owned" means, with respect to an EMS agency, owned by a hospital.

"Initials" means the first letters of a person's name or other unique personal identifier.

"Long-term care facility" means a nursing home, retirement care, mental care, or other facility or institution that provides extended health care to resident patients.

"NABP" means the National Association of Boards of Pharmacy.

"Nuclear pharmacy" means a pharmacy providing radiopharmaceutical services.

"On duty" means that a pharmacist is on the premises at the address of the permitted pharmacy and is available as needed.

"On-hold prescription" means a valid prescription that is received and maintained at the pharmacy for initial dispensing on a future date.

"Other EMS vehicle" means a vehicle used by the EMS agency or regional EMS council for the purpose of providing or facilitating emergency medical care or transporting controlled substances to and from the registered and designated locations. Such vehicles must be either owned by or registered to an EMS agency, regional EMS council, or jurisdiction and operated by an EMS agency or regional EMS council.

"Patient safety organization" means an organization that has as its primary mission continuous quality improvement under the Patient Safety and Quality Improvement Act of 2005 (P.L. 109-41) and is credentialed by the Agency for Healthcare Research and Quality.

"Permitted physician" means a physician who is licensed pursuant to § 54.1-3304 of the Code of Virginia to dispense drugs to persons to whom or for whom pharmacy services are not reasonably available.

"Perpetual inventory" means an ongoing system for recording quantities of drugs received, dispensed, or otherwise distributed by a pharmacy.

"Personal supervision" means the pharmacist must be physically present and render direct, personal control over the entire service being rendered or act being performed. Neither prior nor future instructions shall be sufficient nor shall supervision rendered by telephone, written instructions, or by any mechanical or electronic methods be sufficient.

"Pharmacy closing" means that the permitted pharmacy ceases pharmacy services or fails to provide for continuity of pharmacy services or lawful access to patient prescription records or other required patient records for the purpose of continued pharmacy services to patients.

"PIC" means the pharmacist-in-charge of a permitted pharmacy.

"Practice location" means any location in which a prescriber evaluates or treats a patient.

"Prescription department" means any contiguous or noncontiguous areas used for the compounding, dispensing, and storage of all Schedules II through VI drugs and devices and any Schedule I investigational drug.

"Quality assurance plan" means a plan approved by the board for ongoing monitoring, measuring, evaluating, and, if necessary, improving the performance of a pharmacy function or system.

"Radiopharmaceutical" means any drug that exhibits spontaneous disintegration of unstable nuclei with the emission of nuclear particles or photons and includes any nonradioactive reagent kit or radionuclide generator that is intended to be used in the preparation of any such substance but does not include drugs such as carbon-containing compounds or potassium-containing salts that include trace quantities of naturally occurring radionuclides. The term also includes any biological product that is labeled with a radionuclide or intended solely to be labeled with a radionuclide.

"Regional EMS council" means an organization designated by the State Board of Health pursuant to § 32.1-111.4:2 of the Code of Virginia.

"Registered EMS agency headquarters" means the principal office and primary business location of an EMS agency that maintains a controlled substances registration issued by the board or a hospital-owned EMS agency that is covered by the registration of a hospital.

"Registered location" means, for the purposes of emergency medical services, a location that appears on a DEA certificate of registration or controlled substances registration issued to an EMS agency or regional EMS council, which shall be the location at which the agency or council receives Schedules II through VI controlled substances from those entities authorized to distribute controlled substances.

"Repackaged drug" means any drug removed from the manufacturer's original package and placed in different packaging.

"Robotic pharmacy system" means a mechanical system controlled by a computer that performs operations or activities relative to the storage, packaging, compounding, labeling, dispensing, or distribution of medications and collects, controls, and maintains all transaction information.

"Safety closure container" means a container that meets the requirements of the federal Poison Prevention Packaging Act of 1970 (15 USC §§ 1471-1476), that is, in testing such containers, that 85% of a test group of 200 children of ages 41-52 months are unable to open the container in a five-minute period and that 80% fail in another five minutes after a demonstration of how to open it and that 90% of a test group of 100 adults must be able to open and close the container.

"Satellite pharmacy" means a pharmacy that is noncontiguous to the centrally permitted pharmacy of a hospital but at the location designated on the pharmacy permit.

"Special packaging" means packaging that is designed or constructed to be significantly difficult for children younger than five years of age to open to obtain a toxic or harmful amount of the drug contained therein within a reasonable time and not difficult for normal adults to use properly but does not mean packaging that all such children cannot open or obtain a toxic or harmful amount within a reasonable time.

"Special use permit" means a permit issued to conduct a pharmacy of a special scope of service that varies in any way from the provisions of any board regulation.

"Station" means an enclosed structure that houses one or more EMS vehicles or other EMS vehicles in the state in which the EMS agency is registered that is actively and primarily being used for emergency response by the EMS agency.

"Storage temperature" means those specific directions stated in some monographs with respect to the temperatures at which pharmaceutical articles shall be stored, where it is considered that storage at a lower or higher temperature may produce undesirable results. The conditions are defined by the following terms:

1. "Cold" means any temperature not exceeding 8°C (46°F). A refrigerator is a cold place in which temperature is maintained thermostatically between 2° and 8°C (36° and 46°F).

A freezer is a cold place in which the temperature is controlled between -25° and -10°C (-13° and 14°F). In those instances in which articles may have a recommended storage condition below -20°C (-4°F), the temperature of the storage location should be controlled to plus or minus 10 degrees.

2. "Room temperature" means the temperature prevailing in a working area.

3. "Controlled room temperature" means a temperature maintained thermostatically that encompasses the usual and customary working environment of 20° to 25°C (68° to 77°F); that results in a mean kinetic temperature calculated to be not more than 25°C (77°F); and that allows for excursions between 15° and 30°C (59° and 86°F) that are experienced in pharmacies, hospitals, and warehouses.

4. "Warm" means any temperature between 30° and 40°C (86° and 104°F).

5. "Excessive heat" means any temperature above 40°C (104°F).

6. "Protection from freezing" means where, in addition to the risk of breakage of the container, freezing subjects a product to loss of strength or potency or to the destructive alteration of its characteristics, the container label bears an appropriate instruction to protect the product from freezing.

7. "Cool" means any temperature between 8° and 15°C (46° and 59°F).

"Terminally ill" means a patient with a terminal condition as defined in § 54.1-2982 of the Code of Virginia.

"Ultimate user" means a person who has lawfully obtained, and who possesses, a controlled substance for that person's own use or for the use of a member of that person's household or for an animal owned by that person or a member of that person's household.

"Unit dose container" means a container that is a single-unit container, as defined in United States Pharmacopeia-National Formulary, for articles intended for administration by other than the parenteral route as a single dose, direct from the container.

"Unit dose package" means a container that contains a particular dose ordered for a patient.

"Unit dose system" means a system in which multiple drugs in unit dose packaging are dispensed in a single container, such as a medication drawer or bin, labeled only with patient name and location. Directions for administration are not provided by the pharmacy on the drug packaging or container but are obtained by the person administering directly from a prescriber's order or medication administration record.

"USP-NF" means the United States Pharmacopeia-National Formulary.

"Well-closed container" means a container that protects the contents from extraneous solids and from loss of the drug under the ordinary or customary conditions of handling, shipment, storage, and distribution.

Agenda Item: Adoption of amendments to Guidance Document 110-19

Included in your agenda package:

- Draft amendments to Guidance Document 110-19 to include animal hospitals approved by the Board in the Board's interpretation of "other facilities" that may use an automated dispensing device or remote dispensing system.

Action needed:

- Motion to adopt amendments to Guidance Document 110-19.

VIRGINIA BOARD OF PHARMACY

Use of Automated Dispensing Drug Systems and Remote Dispensing Systems in Certain Facilities

Pursuant to Virginia Code § 54.1-3434.02, hospitals or nursing homes licensed pursuant to Title 32.1, state facilities as defined in § 37.2-100 established pursuant to Title 37.2, facilities as defined in § 37.2-100 that are licensed by the Department of Behavioral Health and Developmental Services and provide site-based crisis stabilization services, and other facilities authorized by the Board may use automated drug dispensing systems and remote dispensing systems.

The Board interprets “other facilities” that may use an automated drug dispensing system or a remote dispensing system to mean:

- hospice facilities licensed pursuant to Title 32.1 of the Code of Virginia that only use licensed health care professionals authorized in law to administer medications;
- facilities that (1) hold licensure from the Department of Behavioral Health and Developmental Services, (2) provide services as an inpatient psychiatric unit, mental health residential treatment facility, partial hospitalization program, inpatient treatment center, or residential detox, and (3) only use licensed health care professionals authorized in law to administer medications; ~~and~~
- facilities within health systems under common ownership with a pharmacy distributing compounded drug products to such facilities in accordance with Virginia Code § 54.1-3410.1(C) that are administered only to patients within the hospital or health system; and
- animal hospitals which (i) hold a veterinary establishment registration issued by the Board of Veterinary Medicine, (ii) are operated by a school of veterinary medicine located in Virginia, and (iii) whose drugs are under the control of a pharmacy providing services to the hospital.

The Board further interprets “other facilities” that may use a remote dispensing system whereby the patient or a person not licensed to administer medication is intended to administer medication from the system and which must fully comply with the labeling requirements in Va. Code §§ 54.1-3410 and 54.1-3463 and Board regulations to mean the following:

- a pharmacy;
- a facility permitted by the Board as a practitioner of the healing arts to sell controlled substances;
- an outpatient medical clinic wherein a provider pharmacy verifies the accuracy of the data entry of the prescription and has obtained a controlled substances registration in the name of the pharmacy at the address of the clinic to operate a remote dispensing system; and
- a comprehensive harm reduction center providing opioid antagonists licensed by the Virginia Department of Health.

The Board does not interpret “other facilities” that may use a remote dispensing system whereby the patient or person not licensed to administer medication is intended to administer medication

from the system to include conveyances for mobile medication-assisted treatment programs regulated under Article 9 (12VAC35-105-1821 *et seq.*) of Part VII of the Addition Medicine Service Requirements.

Draft

Agenda Item: Adoption of fast-track regulatory action

Included in your agenda package:

- Draft amendments to 18VAC110-20-710(F) exempting analytical labs from alarm systems.

Staff note: Recommended action intended to address unevenly applied requirements for alarm systems.

Action needed:

- Motion to adopt fast-track regulatory action as presented.

Project 8642 - Fast-Track

Board of Pharmacy

Removal of researchers from regulatory alarm system requirements pursuant to Virginia

Code 54.1-3423

18VAC110-20-710. Requirements for storage and security for controlled substances registrants.

A. Drugs shall be stored under conditions that meet USP-NF specifications or manufacturer's suggested storage for each drug.

B. Any drug that has exceeded the expiration date shall not be administered; it shall be separated from the stock used for administration and maintained in a separate, locked area until properly disposed.

C. If a controlled substances registrant wishes to dispose of unwanted or expired Schedules II through VI drugs, the controlled substances registrant shall transfer the drugs to another person or entity authorized to possess and to provide for proper disposal of such drugs.

D. Drugs shall be maintained in a lockable cabinet, cart, device, or other area that shall be locked at all times when not in use. The keys or access code shall be restricted to the supervising practitioner and persons designated access in accordance with 18VAC110-20-700 C.

E. A registered EMS agency headquarters or regional EMS council may store controlled substances in an automated dispensing device that is located at a secured site at the registered location or designated location of the EMS agency or regional EMS council that is (i) installed and operated by the EMS agency or regional EMS council, (ii) not used to directly dispense controlled substances to an ultimate user, and (iii) is in compliance with the requirements of state law.

F. In a facility not staffed 24 hours a day, the drugs shall be stored in a fixed and secured room, cabinet, or area that has a security device for the detection of breaking that meets the following conditions:

1. The device shall be a sound, microwave, photoelectric, ultrasonic, or any other generally accepted and suitable device.
2. The installation and device shall be based on accepted alarm industry standards.
3. The device shall be maintained in operating order, have an auxiliary source of power, be monitored in accordance with accepted industry standards, be maintained in operating order; and shall be capable of sending an alarm signal to the monitoring entity if breached and the communication line is not operational.
4. The device shall fully protect all areas where prescription drugs are stored and shall be capable of detecting breaking by any means when activated.
5. Access to the alarm system shall be restricted to only designated and necessary persons, and the system shall be activated whenever the drug storage areas are closed for business.
6. An alarm system is not required for researchers; animal control officers; humane societies; alternate delivery sites as provided in 18VAC110-20-275; registered EMS agencies or regional EMS councils, or designated locations of registered EMS agency headquarters or regional EMS councils stocking only Schedule VI drugs or temporarily securing a secured drug kit that may contain Schedules II through VI drugs when the EMS vehicle or other EMS vehicle cannot maintain appropriate drug storage temperature or is out of service; persons authorized by the Department of Behavioral Health and Developmental Services to train individuals on the administration of naloxone and to

dispense naloxone for opioid overdose reversal; ~~and~~ teaching institutions possessing only Schedule VI drugs; and analytical laboratories.

G. A registered EMS agency headquarters or regional EMS council may store controlled substances at any of the following secured locations:

1. A registered location of the EMS agency or regional EMS council;
2. A designated location of the EMS agency or regional EMS council of which the board has been notified and DEA has granted approval if stocking drugs in Schedules II through V;
3. In an EMS vehicle or other EMS vehicle situated at a registered location or designated location of the EMS agency or regional EMS council or other location where an EMS agency approves an EMS vehicle to be stored; or
4. In an EMS vehicle or other EMS vehicle used by the EMS agency that is traveling from or returning to a registered location or designated location of the EMS agency or EMS council or other location where an EMS agency approves an EMS vehicle to be stored in the course of responding to an emergency or otherwise actively in use by the EMS agency.

H. Drugs secured in an EMS agency, regional EMS council, EMS vehicle, or other EMS vehicle shall be stored at an appropriate temperature pursuant to manufacturer's directions at all times. If the EMS vehicle or other EMS vehicle cannot maintain appropriate temperature or is out of service, the drug kit may be temporarily maintained within the building of the EMS agency. The drug kit shall be stored in compliance with this section.

Agenda Item: Adoption of notice of intended regulatory action

Included in your agenda package:

- SB418, which directs the Board to promulgate regulations to implement the provisions of the legislation.

Staff note: Due to the length of time required for regulatory change, staff recommends that the Board adopt a NOIRA immediately and work on specific regulatory additions and changes while the NOIRA is under Executive Branch review.

Action needed:

- Motion to adopt a notice of intended regulatory action regarding therapeutic interchange and adaptation, including regulation of which therapeutic classes of drugs are eligible for therapeutic interchange and which therapeutic classes will be prohibited.

VIRGINIA ACTS OF ASSEMBLY - 2026 SESSION

CHAPTER 888

A BILL to amend and reenact § 54.1-3457 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 54.1-3408.06, relating to therapeutic interchange and adaptation.

[S 418]

Approved April 13, 2026

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-3457 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding a section numbered 54.1-3408.06 as follows:

§ 54.1-3408.06. Therapeutic interchange and adaptation.

A. A pharmacist may perform a therapeutic interchange by substituting a drug with another drug in the same therapeutic class that the pharmacist believes will have a similar therapeutic effect and adverse-reaction profile when administered in a therapeutically equivalent dose as the prescribed drug, provided that the substitution lowers the cost or is cost-neutral to the patient or occurs during a drug shortage, and the substitution is made in accordance with Board regulations.

For purposes of this section, a drug shall be deemed to be in a drug shortage when such drug appears on either the (i) U.S. Food and Drug Administration drug shortage list or (ii) American Society of Health System Pharmacists drug shortage list.

B. A pharmacist may adapt a prescription drug order by:

1. Changing the drug name, strength, directions, or quantity of medication prescribed when performing a therapeutic interchange in accordance with Board regulations;

2. Changing the dosage form of a prescription if it is in the best interest of patient care, so long as the prescriber's directions are also modified to equate to an equivalent amount of drug dispensed as prescribed;

3. Changing the quantity of medication prescribed if the prescribed quantity or package size is not commercially available or the change in quantity is related to a change in dosage form as authorized by this subsection; or

4. Completing missing information on a prescription if there is evidence to support the change.

C. If a pharmacist performs a therapeutic interchange, the pharmacist shall notify the prescriber within 24 hours of such change being made.

D. Nothing in this section shall be construed to prevent a prescriber from indicating that substitutions for the prescribed drug are not appropriate by checking the "Dispense as Written" box.

§ 54.1-3457. Prohibited acts.

The following acts shall be prohibited:

1. The manufacture, sale, delivery, holding, or offering for sale of any drug, device, or cosmetic that is adulterated or misbranded.

2. The adulteration or misbranding of any drug, device, or cosmetic.

3. The receipt in commerce of any drug, device, or cosmetic that is adulterated or misbranded, and the delivery or proffered delivery thereof for pay or otherwise.

4. The sale, delivery for sale, holding for sale, or offering for sale of any article in violation of § 54.1-3421.

5. The dissemination of any false advertisement.

6. The refusal to permit entry or inspection, or to permit the taking of a sample, or to permit access to or copying of any record.

7. The giving of a false guaranty or undertaking.

8. The removal or disposal of a detained article in violation of § 54.1-3459.

9. The alteration, mutilation, destruction, obliteration, or removal of the whole or any part of the labeling of, or the doing of any other act with respect to, a drug, device, or cosmetic, if such act is done while such article is held for sale and results in such article being adulterated or misbranded.

10. The forging, counterfeiting, simulating, or falsely representing, or without proper authority using of any mark, stamp, tag, label, or other identification device authorized or required by regulations promulgated under the provisions of this chapter or of the federal act.

11. The using by any person to his own advantage, or revealing, other than to the Board or its authorized representative or to the courts when relevant in any judicial proceeding under this chapter of any information acquired under authority of this chapter concerning any method or process which as a trade secret is entitled to protection.

12. The using, on the labeling of any drug or in any advertisement relating to such drug, of any representation or suggestion that an application with respect to such drug is effective under § 54.1-3421, or that such drug complies with the provisions of such section.

13. In the case of a drug distributed or offered for sale in this Commonwealth, the failure of the manufacturer, packer, or distributor thereof to maintain for transmittal, or to transmit, to any practitioner licensed by applicable law to administer such drug who makes written request for information as to such drug, true and correct copies of all printed matter which is required to be included in any package in which that drug is distributed or sold, or such other printed matter as is approved under the federal act. This subdivision shall not be construed to exempt any person from any labeling requirement imposed by or under other provisions of this chapter.

14. Placing or causing to be placed upon any drug or device or container, with intent to defraud, the trade name or other identifying mark, or imprint of another or any likeness of any of the foregoing; or selling, dispensing, disposing of, or causing to be sold, dispensed, or disposed of, or concealing or keeping in possession, control, or custody, with intent to sell, dispense, or dispose of, any drug, device, or any container thereof, with knowledge that the trade name or other identifying mark or imprint of another or any likeness of any of the foregoing has been placed thereon in a manner prohibited by this section or making, selling, disposing of, or causing to be made, sold, or disposed of, or keeping in possession, control, or custody, or concealing any punch, die, plate, stone, or other thing designed to print, imprint, or reproduce the trademark, trade name, or other identifying mark, imprint, or device of another or any likeness of any of the foregoing upon any drug or container or labeling thereof so as to render such drug a counterfeit drug.

15. The doing of any act that causes a drug to be a counterfeit drug, or the sale or dispensing, or the holding for sale or dispensing, of a counterfeit drug.

16. Dispensing or causing to be dispensed a different drug or brand of drug in place of the drug or brand of drug ordered or prescribed without the permission of the person ordering or prescribing, except as provided in § 54.1-3408.03 relating to dispensing of therapeutically equivalent drugs *and* § 54.1-3408.06 *relating to therapeutic interchange and adaptation*.

17. Dispensing or causing to be dispensed a biosimilar in place of a prescribed biological product or brand of biological product, except as provided in § 54.1-3408.04 related to dispensing of interchangeable biosimilars *and* § 54.1-3408.06 *related to therapeutic interchange and adaptation*.

2. That the Board of Pharmacy shall promulgate regulations in accordance with this act, which shall include determination of which therapeutic classes of drugs are eligible for therapeutic interchange and which therapeutic classes shall be prohibited.

Agenda Item: Amendment of Guidance Document 110-44

Included in your agenda package:

- Redline of proposed changes to Guidance Document 110-44.

Staff note: References to Virginia Code § 54.1-3408 need to be amended due to legislative changes. Other minor clarifications have been made as well. This draft contains no substantive changes.

Action needed:

- Motion to amend Guidance Document 110-44.

Virginia Board of Pharmacy

Naloxone or Other Opioid Antagonist Protocols

Virginia Code § 54.1-3408~~(X)~~ and (Y) ~~and (Z)~~ authorize certain persons to dispense prescription-only naloxone or other opioid antagonists used for overdose reversal pursuant to an oral, written, or standing order and in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. This document contains the protocols which must be followed when dispensing naloxone or other opioid antagonists pursuant to these subsections of law. The protocols include information on the required elements of a standing order, instruction the recipient must receive, and labeling and recordkeeping requirements. **Note: this protocol does not apply to over-the-counter formulations of naloxone or other opioid antagonists that are available for anyone to obtain without a prescription.**

I. Protocol for the Prescribing and Dispensing of Naloxone or Other Opioid Antagonist by Persons Listed in Virginia Code § 54.1-3408~~(X)~~ (Y)

a. Authorized Dispensers

The following individuals may dispense naloxone or other opioid antagonist pursuant to an oral, written or standing order to a person to administer to another person believed to be experiencing or about to experience a life-threatening opioid overdose and shall follow this protocol when dispensing naloxone as authorized in subsection ~~X~~ Y of § 54.1-3408 [of the Code of Virginia](#):

- Pharmacists,
- Health care providers providing services in a hospital emergency department,
- Emergency medical services personnel as defined in [Virginia Code § 32.1-111.1](#)
- Law-enforcement officers as defined in [Virginia Code § 9.1-101](#),
- Employees of the Department of Forensic Science,
- Employees of the Office of the Chief Medical Examiner,
- Employees of the Department of General Services Division of Consolidated Laboratory Services,
- Employees of the Department of Corrections designated by the Director of the Department of Corrections or designated as probation and parole officers or as correctional officers as defined in [Virginia Code § 53.1-1](#),
- Employees of the Department of Juvenile Justice designated as probation and parole officers or as juvenile correctional officers,
- Employees of regional jails,
- School nurses,
- Local health department employees that are assigned to a public school pursuant to an agreement between the local health department and the school board,

- Other school board employees or individuals contracted by a school board to provide school health services,
- Emergency medical services personnel, as that term is defined in Virginia Code § 32.1-111.1,
- Employees of the Department of Juvenile Justice designated as probation and patrol officers or as juvenile correctional officers,
- resident assistants in a student housing facility at a public institution of higher education who have completed training in the administration of an opioid antagonist for overdose reversal pursuant to Virginia Code § 23.1-802.2, and
- Firefighters.

b. Required Order

- i. Prior to dispensing naloxone or other opioid antagonist, the dispenser shall receive an oral or written order issued by a prescriber for a specific person to receive the drug or a standing order issued by an individual prescriber or the Health Commissioner that authorizes the dispenser to dispense the drug. The prescriber may indicate on such orders that the order is valid and may be refilled for up to two years from the date of issuance. Except for pharmacists, persons authorized in § 54.1-3408~~(X)~~ (Y) shall only dispense formulations for intranasal administration or an autoinjector formulation.
- ii. If the naloxone or other opioid antagonist is dispensed pursuant to a standing order, the standing order must contain the following information at a minimum:
 1. Name of entity or group of entities authorized to dispense the drug pursuant to standing order;
 2. Name of drug, strength, quantity to be dispensed, and directions for administration, as indicated in the chart below;
 3. Prescriber’s signature;
 4. Date of issuance; and
 5. Amount of time, up to two years from date of issuance, for which the order is valid.

Intranasal	Auto-Injector	Intranasal	Intranasal
Naloxone 2mg/2ml prefilled syringe, # 2 syringes Directions: Spray one-half of the syringe into each nostril upon signs of opioid overdose. Call 911. Additional doses may be given every 2 to 3 minutes until emergency	Naloxone 2 mg or 5mg #1 twin pack Directions: Use one auto-injector upon signs of opioid overdose. Call 911. Additional doses may be given every 2 to 3 minutes until emergency medical assistance arrives.	Naloxone Nasal Spray 4mg or 8mg, #1 twin pack Directions: Administer a single spray intranasally into one nostril. Administer additional doses using a new nasal spray with each dose, if patient does not respond or responds and then	Nalmefene nasal spray, #1 twin pack Directions: Administer a single spray intranasally into one nostril upon signs of opioid overdose. Administer additional dose in other nostril using a new nasal spray with each dose, if patient does not

<p>medical assistance arrives.</p> <p>Mucosal Atomization Device (MAD) # 2 SIG: Use as directed for naloxone administration. Must dispense with 2 prefilled syringes and 2 atomizers and instructions for administration.</p>		<p>relapses into respiratory depression. Call 911. Additional doses may be given every 2 to 3 minutes until emergency medical assistance arrives</p>	<p>respond or responds and then relapses into respiratory depression. Call 911. Additional doses may be given every 2 to 5 minutes until emergency medical assistance arrives.</p>
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c. Required Labeling and Recordkeeping

- i. The dispenser shall affix a label to the naloxone or nalmefene container that bears the name and strength of the dispensed drug, directions as indicated on the oral, written, or standing order, name of prescriber, date of dispensing, and name and address or telephone of dispensing entity. The name of the recipient does not have to appear on the label. Optional items that may be dispensed that do not require labeling include rescue breathing masks and latex-free gloves.
- ii. The dispenser shall maintain a record of dispensing indicating the name of the recipient, the name, strength, and quantity of drug dispensed, date of dispensing, and name or initials of dispenser. Such record shall be maintained for two years from the date of dispensing.
- iii. The oral, written, or standing order must be maintained for two years from the last date of dispensing.
- iv. Unless a waiver has been granted by the Prescription Monitoring Program, pharmacies and physicians licensed to dispense shall report the dispensing to the Prescription Monitoring Program.

d. Instruction

While not required by law, the dispenser may provide instruction to the recipient on opioid overdose prevention, overdose recognition, proper administration and dosing of naloxone or nalmefene, effectiveness and response following administration, adverse effects, safety, storage conditions, and expiration date. Such instruction, the instruction may be accomplished by providing the recipient with the current [REVIVE! Pharmacy dispensing brochure](#) available on the Department of Behavioral Health and Developmental Services website or by clicking on the link. If the recipient indicates interest in addiction treatment, recovery services, or medication disposal resources at this time, information or referrals to appropriate resources may be provided.

II. Protocol for the Prescribing of Naloxone and Dispensing by Persons Listed in Virginia Code § 54.1-3408~~(Y)~~ (Z)

a. Authorized Dispensers

The following individuals who are acting on behalf of an organization that provides services to individuals at risk of experiencing an opioid overdose or training in the administration of naloxone or other opioid antagonist, e.g., non-profit organization, community service board, or behavioral health authority, may dispense naloxone pursuant to a standing order to a person to administer to another person believed to be experiencing or about to experience a life-threatening opioid overdose and shall follow this protocol when dispensing naloxone or other opioid antagonist as authorized in subsection ~~Y~~ Z of § 54.1-3408:

- A person who is acting on behalf of such organization may dispense formulations for intranasal administration or an autoinjector formulation;
- A person who is authorized by the Department of Behavioral Health and Developmental Services to train individuals on the proper administration of naloxone by and proper disposal of a hypodermic needle or syringe may dispense formulations for intranasal administration, autoinjector formulation, or an injectable naloxone formulation with a hypodermic needle or syringe, if the organization has obtained a controlled substances registration from the Board of Pharmacy at no charge.

b. Training

- While it is recommended that those persons acting on behalf of such organization and who are dispensing naloxone or other opioid antagonist formulations for intranasal administration or autoinjectors complete training in accordance with policies and procedures of their employer or governing entity, it is not a requirement of law. Selection of or development of the training program is at the discretion of the employer or governing entity. The REVIVE! training program developed by the Department of Behavioral Health and Developmental Services is an available option.
- Those persons acting on behalf of such organization and who intend to dispense injectable naloxone formulation with a hypodermic needle or syringe, must first complete training developed by and be authorized by the Department of Behavioral Health and Developmental Services to train individuals on the proper administration of naloxone by and proper disposal of a hypodermic needle or syringe.

c. Required Order

- i. Prior to dispensing naloxone or other opioid antagonist, the dispenser shall receive a standing order issued by an individual prescriber that authorizes the dispenser to dispense naloxone or other opioid antagonist. The standing order must contain the following information at a minimum:

1. Name of organization authorized to dispense naloxone or other opioid antagonist pursuant to standing order;
2. Name of drug, strength, quantity to be dispensed, and directions for administration, as indicated in the chart below;
3. If hypodermic needles and syringes are to be dispensed by an authorized trainer for administering such naloxone, the standing order must also specify the kind and quantity of hypodermic needles and syringes to be dispensed as outlined in the chart below;
4. Prescriber's signature;
5. Date of issuance; and
6. Amount of time, up to two years from date of issuance, for which the order is valid.

Intranasal	Auto-Injector	Intranasal	Injection*	Intranasal
<p>Naloxone 2mg/2ml prefilled syringe, # 2 syringes</p> <p>SIG: Spray one-half of the syringe into each nostril upon signs of opioid overdose. <u>Call 911.</u> Additional doses may be given every 2 to 3 minutes until emergency medical assistance arrives.</p> <p>Mucosal Atomization Device (MAD) # 2</p> <p>SIG: Use as directed for naloxone administration. Dispenser must dispense 2 prefilled syringes and 2 atomizers and instructions for administration.</p>	<p>Naloxone 2 mg or 5mg, #1 twin pack</p> <p>SIG: Use one auto-injector upon signs of opioid overdose. <u>Call 911.</u> Additional doses may be given every 2 to 3 minutes until emergency medical assistance arrives.</p>	<p>Naloxone Nasal Spray 4mg or 8mg, #1 twin pack</p> <p>SIG: Administer a single spray intranasally into one nostril upon signs of opioid overdose. Administer additional doses using a new nasal spray with each dose, if patient does not respond or responds and then relapses into respiratory depression. Call 911. Additional doses may be given every 2 to 3 minutes until emergency medical assistance arrives.</p>	<p>Naloxone 0.4mg/ml #2 single-use 1ml vials</p> <p>SIG: Inject 1ml in shoulder or thigh upon signs of opioid overdose. Call 911. Repeat after 2-3 minutes if no or minimal response.</p> <p>#2 (3ml) syringe with 23-25 gauge 1-1.5 inch IM needles</p> <p>SIG: Use as directed for naloxone administration. Dispenser must dispense 2 single-use 1ml vials, 2 (3ml) syringes and 2 (23-25 gauge) hypodermic needles for administration.</p>	<p>Nalmefene nasal spray, #1 twin pack</p> <p>Directions: Administer a single spray intranasally into one nostril upon signs of opioid overdose. Administer additional dose in other nostril using a new nasal spray with each dose if patient does not respond or responds and then relapses into respiratory depression. Call 911. Additional doses may be given every 2 to 5 minutes until emergency medical assistance arrives.</p>

** Only those DBHDS-approved trainers who have successfully completed DBHDS-approved training on proper drug administration with, and disposal of, hypodermic needles and syringes, who are otherwise authorized to dispense injectable naloxone through a standing order issued in compliance with this protocol, and whose organization has first obtained a controlled substances registration from the Board of Pharmacy may dispense injectable naloxone with hypodermic needles and syringes.*

d. Registration

An organization that intends to dispense an injectable naloxone formulation with a hypodermic needle or syringe must first obtain a controlled substances registration from the Board of Pharmacy at no charge. The application may be downloaded at http://www.dhp.virginia.gov/pharmacy/pharmacy_forms.htm. The person authorized by the Department of Behavioral Health and Developmental Services to train individuals on the administration of naloxone and dispense naloxone for opioid overdose reversal must serve as the responsible party on the application. The prescriber issuing the standing order must serve as the supervising practitioner. An alarm system is not required for the controlled substances registration.

e. Required Labeling, Recordkeeping, and Storage

- i. The dispenser shall affix a label to the naloxone or other opioid antagonist container that bears the name and strength of the dispensed naloxone or other opioid antagonist, directions as indicated on the standing order, name of prescriber, date of dispensing, and name and address or telephone of dispensing entity. The name of the recipient does not have to appear on the label. Optional items that may be dispensed that do not require labeling include rescue breathing masks and latex-free gloves.
- ii. The dispenser shall maintain a record of dispensing indicating the name of the recipient, the name, strength, and quantity of naloxone or other opioid antagonist dispensed, date of dispensing, and name or initials of dispenser. Such record shall be maintained for two years from the date of dispensing.
- iii. The standing order must be maintained for two years from the last date of dispensing.
- iv. If the dispenser is dispensing an injectable naloxone formulation with a hypodermic needle or syringe, the dispenser shall comply with the requirements of Board of Pharmacy Regulation 18VAC110-20-735, in lieu of the requirements listed above in section (i) and (ii).
- v. The naloxone, hypodermic needles, and syringes shall be stored and transported under appropriate storage conditions in accordance with the manufacturer's directions to protect from adulteration and unlawful use.

f. Instruction

While it is not required by law, the dispenser may provide instruction to the recipient on opioid overdose prevention, overdose recognition, proper administration and dosing of naloxone or other opioid antagonist, effectiveness and response following administration, adverse effects,

safety, storage conditions, and expiration date. Such instruction, the instruction may be accomplished by providing the recipient with the current [REVIVE! Pharmacy dispensing brochure](#) available on the Department of Behavioral Health and Developmental Services website or the link above. If the recipient indicates interest in addiction treatment, recovery services, or medication disposal resources at this time, information or referrals to appropriate resources may be provided. If the dispenser is dispensing an injectable naloxone formulation with a hypodermic needle or syringe, the dispenser shall also train the individual on the proper administration of naloxone by and proper disposal of a hypodermic needle or syringe.

III. Protocol for Pharmacies to Distribute Naloxone or Other Opioid Antagonists to Entities Authorized to Possess, Administer, and Dispense Such Drugs

- a. In addition to a wholesale distributor, third party logistics provider, or manufacturer, a pharmacy may distribute naloxone or nalmefene via invoice to:
 - i. Designated health care providers providing services in a hospital emergency department and emergency medical services personnel, as that term is defined in § 32.1-111.1; or
 - ii. Designated law enforcement officers, firefighters, employees of the Department of Corrections designated as probation and parole officers or as correctional officers as defined in § 53.1-1, and employees of regional jails, employees of the Department of Forensic Science, employees of the Office of the Chief Medical Examiner, employees of the Department of General Services Division of Consolidated Laboratory Services, school nurses, local health department employees that are assigned to a public school pursuant to an agreement between the local health department and the school board, other school board employees or individuals contracted by a school board to provide school health services, and resident assistants in a student housing facility at a public institution of higher education who have successfully completed a training program.
- b. In addition to wholesale distributors, third-party logistics providers, or manufacturers, a pharmacy may distribute naloxone or other opioid antagonist via invoice to persons who are acting on behalf of an organization that provides services to individuals at risk of experiencing an opioid overdose or training in the administration of naloxone for overdose reversal and who are authorized to dispense naloxone or other opioid antagonist pursuant to §54.1-3408 ~~(Y)~~(Z). Examples of such an organization may include non-profit entities, a community service board, or behavioral health authority. Such organization is not required to obtain a controlled substances registration (CSR) from the Board of Pharmacy if only dispensing intranasal or autoinjector formulations. If dispensing injectable formulations, along with hypodermic needles and syringes, then the organization must first obtain a CSR and the person dispensing such items shall first obtain authorization from the Department of Behavioral Health and Developmental Services to train individuals on the proper administration of naloxone by and proper disposal of a hypodermic needle or syringe.

It is recommended that the wholesale distributor, third party logistics provider, manufacturer, or pharmacy distributing naloxone or nalmefene first obtain confirmation from the entity that designated

persons have completed any required training and that the entity has obtained a standing order, if necessary.

IV. Resources

- a. ~~REVIVE! Pharmacy dispensing brochure~~
- b. ~~Substance Abuse Mental Health Services Administration's "Opioid Prevention Toolkit" (2014), available at <http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2014/SMA14-4742>~~
- c. ~~Prescribe to Prevent, <http://prescribetoprevent.org/pharmacists>~~
- d. Harm Reduction Coalition, <http://harmreduction.org/issues/overdose-prevention/tools-best-practices/od-kit-materials>
- e. Dispensers may obtain kits to have on-hand for dispensing naloxone from the REVIVE! program at the Department of Behavioral Health and Developmental Services. To request kits, contact REVIVE@dbhds.virginia.gov

Agenda Topic: Amendment of Guidance Document 110-2 regarding implementation of UMPJE

Action Needed:

- Motion to amend Guidance Document 110-2 as presented or amended.

VIRGINIA BOARD OF PHARMACY

Information for Applicants for a License as a Pharmacist

1. Licensure by Examination:

Application

The application is available on the Board of Pharmacy website at www.dhp.virginia.gov/pharmacy. Applications and fees are submitted online and received by the board the next business day.

Practical Experience Requirements

An applicant shall have accumulated a minimum of 1,500 hours of practical experience as a pharmacy intern. The applicant must have registered with the Board as a pharmacy intern prior to beginning to obtain practical experience. Credit will not be given for more than 50 hours in any one week, and not for less than an average of 20 hours per week averaged over a month. Practical experience that is gained within an ACPE-accredited school of pharmacy, that conforms to the current ACPE standards, and that allows the student to gain at least 1,500 hours of practical experience, shall meet the Board's practical experience requirements for licensure as a pharmacist. All practical experience credit gained outside of an ACPE-accredited school of pharmacy program shall only be gained after successful completion of the equivalent of at least two semesters in an ACPE-accredited school of pharmacy, or in the case of graduates of foreign colleges of pharmacy (see Guidance Document 110-17), after obtaining the FPGEC and registering as a pharmacy intern. All practical experience shall be gained within the United States.

Certificates of Practical Experience

- For graduates of an ACPE-approved school of pharmacy, a “college Affidavit” form no longer needs to be submitted to the Board to document practical experience gained within the college experiential program. Graduation from an ACPE-approved school of pharmacy indicates that the student has obtained the required hours of practical experience. Confirmation of compliance with the practical experience requirement will be assessed by NABP through the receipt of a college transcript from the applicant prior to allowing the applicant to schedule for NAPLEX or the Uniform Multistate Pharmacy Jurisprudence Examination (UMPJE).
- Affidavits of experience gained in Virginia, outside the college experiential program, must be signed by the supervising pharmacist and the original form must be sent to the board.
- Certificates or documentation of practical experience gained in another state outside of an ACPE-approved school of pharmacy experiential program must be certified by the board of pharmacy in that state and must be received by this Board directly from that state. This documentation must show actual dates of employment, total hours worked, place of employment and names of supervising pharmacists, and the certifying Board shall verify current, unrestricted licensure status of the supervising pharmacists.

Taking the NAPLEX

Applicants must directly register with and pay the required fee to the National Association of Boards of Pharmacy (NABP) in order to take the NAPLEX examination at www.nabp.pharmacy. NAPLEX is the competency assessment examination for initial pharmacist licensure that is accepted by all 50 states, the District of Columbia, and Puerto Rico. An applicant may either take NAPLEX designating Virginia as the primary state of licensure, or register with NABP to score transfer to Virginia. The Board will notify NABP of a qualifying candidate's eligibility after reviewing the application for pharmacist licensure.

The review is generally completed within five to seven business days. An applicant will not be allowed to schedule taking NAPLEX until he/she has been approved by the Board and NABP has received a college transcript indicating the date of graduation. Additional details about NAPLEX are also available on the NABP website.

2. Licensure by Endorsement (Reciprocity):

Virginia does allow licensure by a process called "endorsement" in which an applicant may transfer a pharmacist license from another state, provided the applicant's credentials for licensure in the other state meet Virginia's credentialing requirements with respect to education, practical experience, and required examinations, and provided grounds do not exist to deny an application such as disciplinary action by another state or criminal convictions. Applicants applying for licensure through endorsement should complete the following steps:

1. Follow NABP's instructions at www.nabp.pharmacy for submitting the application for licensure by endorsement to NABP. NABP will provide the board with relevant information regarding the applicant's licensure status, any criminal convictions, and any disciplinary action taken against the applicant.
2. Submit to the Virginia Board of Pharmacy the Application for Pharmacist License by Endorsement found at http://www.dhp.virginia.gov/pharmacy/pharmacy_forms.htm along with the required fee.
3. Follow NABP's instructions at www.nabp.pharmacy for submitting the application to take the Uniform Multistate Pharmacy Jurisprudence Examination (UMPJE).

Once all steps have been completed and the board receives from NABP the applicant's relevant information for consideration, the board will notify NABP of the applicant's eligibility to take the UMPJE.

3. Virginia Pharmacy Law Examination Required for Licensure by Examination or Endorsement:

As of July 1, 2016, Virginia ceased administering the Virginia Federal and State Drug Law Exam (FSDLE) and began requiring applicants for pharmacist licensure to successfully pass the Multistate Pharmacy Jurisprudence Examination (MPJE) administered by the NABP. As of October 1, 2026, Virginia requires successful passage of the Uniform Multistate Pharmacy Jurisprudence Examination (UMPJE) and will recognize scores from attempts made prior to October 1, 2026. Virginia will no longer require pharmacist applicants to pass the MPJE beginning October 1, 2026. Applicants must directly register with and pay the required fee to the NABP at www.nabp.pharmacy in order to take the UMPJE. However, an applicant will not be allowed to schedule taking the UMPJE until he has been approved by the Board. Approval from the Board is obtained after a review of the application for pharmacist licensure. Unless there are problems with an application, the application is generally approved within five to seven business days of receipt by the Board.

Detailed information about the UMPJE, the registration process, scheduling an appointment to test, requirements on test day, and the UMPJE blueprint, which contains a list of competency statements that comprises the topics covered on the exam, may be found at www.nabp.pharmacy .

4. Denial Of An Application For Grounds:

Grounds to deny a license may be found in §54.1-3316 of the Code of Virginia on the Board's website. If grounds exist to deny an application for licensure as a pharmacist, the application will not be approved by Board staff, and the applicant will be so notified and offered an opportunity to meet with an informal conference committee of the Board to determine if the license should be denied, issued, or issued conditionally. An applicant will not be allowed to take any required examinations if grounds exist to deny the application, until reviewed and approved by the Board.

Agenda Item: Amendment of Guidance Document 110-35

Included in your agenda package:

- Redline of proposed changes to Guidance Document 110-35.

Staff note: Recommended changes clarify that pharmacy technicians may electronically transfer a refill for a Schedule VI drug under certain circumstances. Additionally, changes are recommended that accurately reflect current law regarding inclusion of quantity or duration of the order on a prescription.

Action needed:

- Motion to amend Guidance Document 110-35.

VIRGINIA BOARD OF PHARMACY
GUIDANCE ON
VIRGINIA PRESCRIPTION REQUIREMENTS

Opioid Prescriptions:

- Except as authorized in § 54.1-3408.02, prescriptions for opioids must be electronically transmitted.
- Pursuant to § 54.1-3410, a dispenser who receives a non-electronic prescription for a controlled substance containing an opioid is not required to verify that one of the exceptions set forth in § 54.1-3408.02 applies and may dispense such controlled substance pursuant to such prescription and applicable law.

Written Prescriptions:

- Written prescriptions shall include the patient's first and last name except for expedited partner therapy pursuant to Virginia Code § 54.1-3303. Patient address may be entered on the prescription either by the prescriber or agent, or recorded by the pharmacist on the prescription or in an electronic prescription dispensing record system.
- For prescriptions which provide expedited partner therapy pursuant to Virginia Code § 54.1-3303, "Expedited Partner Therapy" or "EPT" may be entered for the patient's name and address if otherwise unknown. *See* Va. Code § 54.1-3408.01(A).
- The prescription shall contain the prescriber's name, address, telephone number, and DEA number if for Schedule II-V prescriptions. Prescriber information shall be either preprinted on the blank, electronically printed, typed, stamped, or printed by hand in a legible manner. Interns and residents in a residency program may use the hospital DEA number and an assigned suffix.
- Prescriptions issued by physician assistants for drugs in Schedule II-V shall also include the name of their collaborating physician or podiatrist. Note: the physician is not required to *co-sign* a physician assistant's prescription for a Schedule II-VI drug.
- As of March 4, 2020, advanced practice registered nurses are no longer issued a separate license for prescriptive authority. Advanced practice registered nurses who have been granted prescriptive authority will have an additional designation of "RX Authority" clearly displayed on their license to practice nursing which begins with the numbers 0024. Advanced practice registered nurses who are authorized for autonomous practice or who are authorized by a practice agreement with a collaborating physician to prescribe Schedule II-VI drugs are not required to include the prescriptive authority number issued

to them by the Boards of Nursing and Medicine, if their DEA registration number is included on the prescription. Advanced practice registered nurses who are authorized by a practice agreement to only prescribe Schedule VI drugs and who do not have a DEA number must include the prescriptive authority number issued to them by the Boards of Nursing and Medicine.

- Written prescriptions shall be legibly written with ink or individually typed or printed.
- Written prescriptions may be prepared by an agent for the prescriber's signature but shall be manually signed by the prescriber.
- Computer-generated prescriptions that are printed out shall be manually signed by the prescriber.
- Written prescriptions shall be dated with the date the prescription is written.
- ~~While Virginia law does not specifically require that quantity be included on a prescription, written prescriptions must include some direction related to quantity to be dispensed, or authorized duration of the order by which the pharmacist can calculate the authorized quantity using directions for use and duration.~~ Pursuant to [18VAC110-20-270](#), oral prescriptions or written prescriptions, including those transmitted via facsimile or electronically, shall include the quantity or duration of the order by which the pharmacist can calculate the authorized quantity using directions for use. Federal regulations require that quantity be indicated on prescriptions for Schedule II-V controlled substances.
- Prescriptions for Schedule VI drugs may be preprinted with the drug name, directions for use, quantity, but must still meet all other requirements of individually written prescriptions for patient name, signatures, issue date, and any other required information. Preprinted prescriptions may contain a list of drugs with a checkbox beside the drug name to be selected by the prescriber, but only one drug may be selected for each prescription.
- Schedule II prescriptions shall be written and may not be refilled.
- There is no longer a specific format required for written prescriptions. A pharmacist may substitute an Orange-Book rated "therapeutically equivalent drug product" for a brand name drug unless the prescriber prohibits substitution by indicating "brand medically necessary."
- A prescription blank may only contain one prescription. There are a few limited exceptions to this law such as multiple blanks for the Department of Corrections and chart orders for hospital, nursing home, home infusion, and hospice patients.
- A chart order may be filled by an outpatient (community/retail) pharmacy for outpatient use provided the following conditions are met:

- The chart order was written for a patient while in a hospital or long term care facility.
- The pharmacist has all information necessary to constitute a valid outpatient prescription.
- The pharmacist in an outpatient setting must have direction, either written or obtained verbally, that the chart order is actually intended to be outpatient or discharge prescription orders, and not merely a listing drugs the patient was taking while an inpatient.
- The orders include some direction related to quantity to be dispensed or authorized duration of the order by which the pharmacist can calculate the authorized quantity using directions for use and duration.

Requirements of the Virginia Department of Medical Assistance Services for written prescriptions for Medicaid and FAMIS fee-for-service patients:

- Tamper-resistant prescriptions are required for all prescriptions used for Medicaid and FAMIS fee-for-service recipients. Tamper resistant pads are defined as having at least one feature in all three of the following categories:
 - 1) One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form,
 - 2) One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber, or
 - 3) One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

Oral Prescriptions:

- Oral prescriptions shall contain all the same information as written prescriptions, except for the prescriber's signature, and shall be reduced to writing by the pharmacist receiving the prescription.
- The prescriber or his authorized agent may transmit the prescription. If transmitted by an authorized agent, the pharmacist shall record the full name of the agent. According to Virginia law, an authorized agent may only be an employee of the prescriber under his immediate and personal supervision, or, if not an employee, may only be someone who holds a license to administer drugs, such as a nurse, physician assistant, or another pharmacist. For Schedule II-V oral prescriptions, DEA may interpret the authority of an agent differently, as well as who can be an authorized agent.

Faxed Prescriptions:

- A faxed prescription that starts out as a written prescription and is placed onto a fax machine in the physician's office and sent via phone to a pharmacy's fax machine where a facsimile image is printed for the pharmacy records must meet all requirements for a written prescription, to include the manual signature of the prescriber.
- Computer-generated prescriptions that are faxed must be manually signed by the prescriber.
- Schedule III-VI prescriptions may be faxed to a pharmacy.
- Schedule II prescriptions (or chart orders) may **only** be faxed to a pharmacy for long term care facility patients, home infusion patients, and hospice patients.
- Pharmacies may not begin the dispensing process when a prescription is faxed directly from the patient, even if the patient brings in the hard copy when they come to pick up the medication. Prescriptions may only be faxed from the prescriber's practice location

Electronically transmitted prescriptions:

- An electronically transmitted prescription is one that is generated from the prescriber's office electronically, sent out as an electronic transmission, is normally routed through a switch to the appropriate pharmacy, and is received by the pharmacy in the form of an electronic transmission or is converted by the switch to a fax, and is printed out on the pharmacy's fax machine. "Electronic prescription" means a written prescription that is generated on an electronic application and transmitted to a pharmacy as an electronic data file. An electronically transmitted prescription does not have a manual signature but would contain an electronic or digital signature of the prescriber that identifies him as the source of the message and indicates his approval of the information contained in the message. If the prescription is generated electronically but then is printed out in the office and given to the patient, it is no longer an electronic prescription and must follow the guidelines of a written prescription to include bearing the prescriber's manual signature.
- Schedule II - VI prescriptions may be transmitted electronically. Schedule II – V prescriptions must meet all federal requirements including required security and authenticity features, as well as required recordkeeping for the prescriber and pharmacy.
- The application provider used by a prescriber or a pharmacy for electronic prescriptions of Schedules II-V drugs must be reviewed and certified by an approved certification body for compliance with DEA's standards. The application provider must provide a copy of this report to the pharmacy or prescriber using its services. A pharmacy or prescriber shall not dispense or issue an electronic prescription for Schedules II-V drugs until a report is received from the application provider indicating full compliance with DEA's standards. A pharmacy or prescriber may continue dispensing or issuing electronic prescriptions for Schedule VI drugs in compliance with Board regulations prior to

receiving a report from the application provider regarding its status of compliance with federal law.

- Individual prescribers authorized to prescribe Schedules II-V drugs who choose to issue electronic prescriptions for Schedules II-V drugs shall first apply to certain federally approved credential service providers (CSPs) or certification authorities (CAs) to obtain their two-factor authentication credential or digital certificates.
- An electronic prescription for a Schedule VI drug may either directly populate the pharmacy's automated dispensing system or may be converted by the switch to a fax and printed out on the pharmacy's fax machine. Federal law does not permit an electronic prescription for a Schedule II-V drug to be converted to the pharmacy's fax machine. It must directly populate the pharmacy's automated dispensing system in conformity with federal law.
- Please refer to the federal regulations for additional guidance.

Transfer of electronic prescriptions for Schedules II-V Controlled Substances between pharmacies for initial filling:

- Effective August 28, 2023, § 1306.08 of the Code of Federal Regulations was amended to allow the transfer of an electronic prescription for a controlled substance in Schedule II-V for the purpose of initial dispensing if allowable under existing State or other applicable law.
- The Board interprets Virginia Code § 54.1-3408.02 and 18VAC110-20-360 to condone the transfer of an electronic prescription for a controlled substance in Schedule II-V for the purpose of initial dispensing when performed in compliance with federal requirements.
- To further understand federal requirements, refer to DEA's *Discussion of Public Comments* in the Federal Register at <https://www.federalregister.gov/documents/2023/07/27/2023-15847/transfer-of-electronic-prescriptions-for-schedules-ii-v-controlled-substances-between-pharmacies-for>. Of note, DEA addresses comments on the requirement for patient consent, restriction for initial dispensing only, requirement to transfer as electronic data file, the National Council for Prescription Drug Programs' (NCPDP) new SCRIPT Standard Version 2017071, restriction of transfer for one-time basis only, and transfer between two licensed pharmacists.
- The Board is aware that current challenges with technology may not support operationalizing this allowance. Pharmacists are encouraged to consult with their software vendors as appropriate.

Transferring of certain prescriptions by a pharmacy technician:

- Virginia Code § 54.1-3321(A)(8) authorizes a pharmacy technician to accept an electronic transfer of a refill for a Schedule VI drug upon order of the pharmacist-in-charge (PIC) or pharmacist on duty if the refill is not an on-hold prescription.
- Additionally, the Board interprets Virginia Code § 54.1-3321(A)(1) regarding the “entry of prescription information and drug history into a data system or other record keeping system” to mean that a pharmacy technician may electronically transfer a refill for a Schedule VI drug upon order of the PIC or pharmacist on duty if the refill is not an on-hold prescription.

Statutes:

Va. Code § 54.1-3408.02

Va. Code § 54.1-3321

Regulations:

18VAC110-20-360

Agenda Topic: Report on Pharmacies Providing Clinical Services

Staff Note: At the Board's request, two questions regarding which, if any, clinical services are provided by the pharmacy were included in the annual pharmacy permit renewal process that ended April 30th. Aggregate data is included in the agenda packet, along with two possible options for reporting this data going forward.

Action needed: Staff are seeking guidance on how best to report this data in the future.

Questions recently added to Pharmacy Permit Renewal Process

- 1) Do pharmacists provide clinical services at this pharmacy under a collaborative practice agreement? If so, check all that apply.

Anticoagulation
Diabetes
Hypertension
Hypercholesterolemia
Tobacco cessation
Asthma
Travel medications

- 2) Do pharmacists provide clinical services at this pharmacy under a statewide protocol? If so, check all that apply.

Immunizations
Naloxone
Coronavirus testing
Hormonal contraception
Emergency contraception
Epinephrine
Lowering out-of-pocket expenses
Prenatal vitamins
HIV pre-exposure prophylaxis
HIV post-exposure prophylaxis
Tuberculin skin testing
Tobacco cessation
COVID-19 test and treat
UTI test and treat
Influenza test and treat
Group A Step test and treat

Aggregated Results

Collaborative Practice	#	%
Diabetes	19	2%
Hypertension	18	2%
Tobacco cessation	14	1%
Asthma	13	1%
Hypercholesterolemia	12	1%
Anticoagulation	12	1%
Travel medications	7	1%

Collaborative Practice (select all)	#	%
Anticoagulation	6	1%
Tobacco cessation	6	1%
Diabetes, Hypertension, Hypercholesterolemia, Asthma	5	0%
Anticoagulation, Diabetes, Hypertension, Hypercholesterolemia, Tobacco cessation, Asthma, Travel medications	3	0%
Travel medications	3	0%
Anticoagulation, Diabetes, Hypertension, Hypercholesterolemia, Tobacco cessation, Asthma	2	0%
Diabetes, Hypertension	2	0%
Diabetes, Hypertension, Asthma	2	0%
Anticoagulation, Diabetes	1	0%
Diabetes	1	0%
Diabetes, Hypertension, Hypercholesterolemia	1	0%

Diabetes, Hypertension, Hypercholesterolemia, Tobacco cessation	1	0%
Diabetes, Hypertension, Tobacco cessation	1	0%
Hypertension	1	0%
Tobacco cessation, Asthma, Travel medications	1	0%
NULL	977	96%
Total	1,013	100%
Offer At least 1	36	4%

Statewide Protocols	#	%
Naloxone	844	83%
Vaccines	802	79%
Coronavirus Testing	442	44%
Epinephrine	146	14%
Group A Strep test and treat	107	11%
Influenza test and treat	107	11%
COVID-19 test and treat	105	10%
Hormonal contraception	104	10%
Prenatal vitamins	59	6%
Lowering out-of-pocket expenses	56	6%
Emergency contraception	51	5%
HIV Post-exposure Prophylaxis	42	4%
HIV Pre-exposure Prophylaxis	39	4%
UTI test and treat	16	2%
Tuberculin Skin Testing	11	1%

Statewide Protocols (select all)	#	%
Immunizations,Naloxone,Coronavirus testing	339	33%
Naloxone	189	19%
Immunizations,Naloxone	126	12%
Immunizations	100	10%
Immunizations,Naloxone,Epinephrine	77	8%
Immunizations,Naloxone,Coronavirus testing,Hormonal contraception,COVID-19 test and treat,Influenza test and treat,Group A Strep test and treat	52	5%
Immunizations,Coronavirus testing,Hormonal contraception,Emergency contraception,Epinephrine,Prenatal vitamins,HIV pre-exposure prophylaxis,HIV post-exposure prophylaxis,Tobacco cessation,COVID-19 test and treat,Influenza test and treat,Group A Strep test and treat	30	3%
Immunizations,Naloxone,Lowering out-of-pocket expenses	11	1%
Immunizations,Naloxone,Epinephrine,Lowering out-of-pocket expenses	9	1%
Immunizations,Lowering out-of-pocket expenses	5	0%
Immunizations,Naloxone,Coronavirus testing,Hormonal contraception,Emergency contraception,Epinephrine,Lowering out-of-pocket expenses,Prenatal vitamins,Tobacco cessation,COVID-19 test and treat,UTI test and treat,Influenza test and treat,Group A Strep test and treat	3	0%

Immunizations,Naloxone,Emergency contraception,Epinephrine,Lowering out-of-pocket expenses,Prenatal vitamins	3	0%
Immunizations,Coronavirus testing	2	0%
Immunizations,Coronavirus testing,COVID-19 test and treat,UTI test and treat,Influenza test and treat,Group A Strep test and treat	2	0%
Immunizations,Coronavirus testing,Lowering out-of-pocket expenses,Tuberculin skin testing,COVID-19 test and treat,Influenza test and treat,Group A Strep test and treat	2	0%
Immunizations,Hormonal contraception	2	0%
Immunizations,Naloxone,Coronavirus testing,Hormonal contraception,Emergency contraception,Epinephrine,Lowering out-of-pocket expenses,Prenatal vitamins,HIV pre-exposure prophylaxis,HIV post-exposure prophylaxis,Tuberculin skin testing,Tobacco cessation,COVID-19 test and treat,UTI test and treat,Influenza test and treat,Group A Strep test and treat	2	0%
Immunizations,Naloxone,Hormonal contraception,Emergency contraception,Epinephrine,Lowering out-of-pocket expenses,Prenatal vitamins,Tobacco cessation	2	0%
Immunizations,Naloxone,Tobacco cessation	2	0%
COVID-19 test and treat,UTI test and treat,Influenza test and treat,Group A Strep test and treat	1	0%
Emergency contraception	1	0%
Hormonal contraception	1	0%

Immunizations,Coronavirus testing,COVID-19 test and treat,Influenza test and treat,Group A Strep test and treat	1	0%
Immunizations,Coronavirus testing,COVID-19 test and treat,UTI test and treat,Influenza test and treat	1	0%
Immunizations,Coronavirus testing,Hormonal contraception,Emergency contraception,Epinephrine,Prenatal vitamins,HIV pre-exposure prophylaxis,HIV post-exposure prophylaxis,Tobacco cessation,Influenza test and treat,Group A Strep test and treat	1	0%
Immunizations,Coronavirus testing,Lowering out-of-pocket expenses,Prenatal vitamins,COVID-19 test and treat,UTI test and treat,Influenza test and treat,Group A Strep test and treat	1	0%
Immunizations,Coronavirus testing,Tuberculin skin testing,COVID-19 test and treat,Influenza test and treat,Group A Strep test and treat	1	0%
Immunizations,Epinephrine	1	0%
Immunizations,Epinephrine,Influenza test and treat,Group A Strep test and treat	1	0%
Immunizations,HIV pre-exposure prophylaxis,HIV post-exposure prophylaxis,COVID-19 test and treat	1	0%
Immunizations,Hormonal contraception,Lowering out-of-pocket expenses,Prenatal vitamins	1	0%
Immunizations,Influenza test and treat,Group A Strep test and treat	1	0%

Immunizations,Naloxone,Coronavirus testing,Epinephrine,Lowering out-of-pocket expenses,COVID-19 test and treat,UTI test and treat,Influenza test and treat,Group A Strep test and treat	1	0%
Immunizations,Naloxone,Coronavirus testing,Epinephrine,Lowering out-of-pocket expenses,Prenatal vitamins,HIV pre-exposure prophylaxis,HIV post-exposure prophylaxis,Tobacco cessation,COVID-19 test and treat	1	0%
Immunizations,Naloxone,Coronavirus testing,Hormonal contraception,Emergency contraception,Epinephrine,Lowering out-of-pocket expenses,Prenatal vitamins,Tuberculin skin testing,Tobacco cessation,UTI test and treat,Influenza test and treat,Group A Strep test and treat	1	0%
Immunizations,Naloxone,Coronavirus testing,Hormonal contraception,Lowering out-of-pocket expenses,Prenatal vitamins,COVID-19 test and treat,UTI test and treat,Influenza test and treat,Group A Strep test and treat	1	0%
Immunizations,Naloxone,Coronavirus testing,Hormonal contraception,Lowering out-of-pocket expenses,Prenatal vitamins,Tobacco cessation,COVID-19 test and treat,UTI test and treat,Influenza test and treat,Group A Strep test and treat	1	0%
Immunizations,Naloxone,Emergency contraception,Epinephrine,Lowering out-of-pocket expenses	1	0%
Immunizations,Naloxone,Emergency contraception,Epinephrine,Lowering out-of-	1	0%

pocket expenses,Prenatal vitamins,Group A Strep test and treat		
Immunizations,Naloxone,Epinephrine,COVID-19 test and treat	1	0%
Immunizations,Naloxone,Epinephrine,Lowering out-of-pocket expenses,Prenatal vitamins	1	0%
Immunizations,Naloxone,Epinephrine,Lowering out-of-pocket expenses,Prenatal vitamins,Tobacco cessation	1	0%
Immunizations,Naloxone,Epinephrine,Prenatal vitamins,Tuberculin skin testing,Tobacco cessation,COVID-19 test and treat,UTI test and treat,Influenza test and treat,Group A Strep test and treat	1	0%
Immunizations,Naloxone,HIV post-exposure prophylaxis	1	0%
Immunizations,Naloxone,Hormonal contraception,Emergency contraception,Epinephrine,Lowering out-of-pocket expenses,Prenatal vitamins,HIV post-exposure prophylaxis,COVID-19 test and treat	1	0%
Immunizations,Naloxone,Hormonal contraception,Emergency contraception,Epinephrine,Lowering out-of-pocket expenses,Prenatal vitamins,HIV pre-exposure prophylaxis,HIV post-exposure prophylaxis,Tobacco cessation	1	0%
Immunizations,Naloxone,Hormonal contraception,Emergency contraception,Epinephrine,Lowering out-of-pocket expenses,Prenatal vitamins,HIV pre-exposure prophylaxis,HIV post-exposure prophylaxis,Tuberculin skin testing,Tobacco	1	0%

cessation,COVID-19 test and treat,UTI test and treat,Influenza test and treat,Group A Strep test and treat		
Immunizations,Naloxone,Hormonal contraception,Emergency contraception,Lowering out-of-pocket expenses	1	0%
Immunizations,Naloxone,Hormonal contraception,Emergency contraception,Prenatal vitamins,HIV pre-exposure prophylaxis,HIV post-exposure prophylaxis,Tobacco cessation	1	0%
Immunizations,Naloxone,Hormonal contraception,Epinephrine,Lowering out-of-pocket expenses,Prenatal vitamins,HIV pre-exposure prophylaxis,HIV post-exposure prophylaxis	1	0%
Immunizations,Naloxone,Hormonal contraception,Epinephrine,Lowering out-of-pocket expenses,Prenatal vitamins,Tobacco cessation	1	0%
Immunizations,Naloxone,Influenza test and treat,Group A Strep test and treat	1	0%
Immunizations,Naloxone,Lowering out-of-pocket expenses,Tobacco cessation	1	0%
Immunizations,Naloxone,Prenatal vitamins	1	0%
Immunizations,Naloxone,Tuberculin skin testing	1	0%
Influenza test and treat,Group A Strep test and treat	1	0%
Naloxone,Emergency contraception	1	0%

Naloxone,Epinephrine,Lowering out-of-pocket expenses,Prenatal vitamins	1	0%
Naloxone,Epinephrine,Tobacco cessation	1	0%
Naloxone,Epinephrine,Tuberculin skin testing	1	0%
Naloxone,HIV post-exposure prophylaxis	1	0%
Naloxone,Tuberculin skin testing	1	0%
NULL	12	1%
Total	1,013	100%
Offer At least 1	1,001	99%

Location of Pharmacies where Hypertention Collaborative Services are Provided



Map based on Longitude (generated) and Latitude (generated). Color shows sum of %Hypertension. Details are shown for Zipcode. The view is filtered on Latitude (generated) and Longitude (generated). The Latitude (generated) filter keeps non-Null values only. The Longitude (generated) filter keeps non-Null values only.

Hypertension Services County(zipcode)	Don't provide	Provide	Grand Total	% provide
Accomack	4		4	0%
23336	1		1	0%
23416	1		1	0%
23418	2		2	0%
Albemarle	11		11	0%
22901	4		4	0%
22903	1		1	0%
22911	5		5	0%
22932	1		1	0%
Alexandria City	23	1	24	4%
22301	3		3	0%
22302	4		4	0%
22304	6		6	0%
22305	2		2	0%
22311	2	1	3	33%
22314	6		6	0%
Alleghany	2		2	0%
24422	2		2	0%
Amelia	2		2	0%
23002	2		2	0%
Amherst	3		3	0%
24521	1		1	0%
24572	2		2	0%
Appomattox	3		3	0%
24522	3		3	0%
Arlington	37		37	0%
22201	5		5	0%
22202	7		7	0%
22203	3		3	0%
22204	6		6	0%
22205	4		4	0%
22206	3		3	0%
22207	7		7	0%
22209	2		2	0%
Augusta	6		6	0%
22939	2		2	0%
24477	2		2	0%
24482	2		2	0%
Bedford	6		6	0%
24101	1		1	0%

24121	1		1	0%
24523	1		1	0%
24551	3		3	0%
Bedford City	2		2	0%
24523	2		2	0%
Bland	1		1	0%
24314	1		1	0%
Botetourt	2		2	0%
24083	2		2	0%
Bristol	4		4	0%
24201	4		4	0%
Buchanan	1		1	0%
24631	1		1	0%
Buckingham	1		1	0%
23936	1		1	0%
Buena Vista City	2		2	0%
24416	2		2	0%
Campbell	3		3	0%
24517	1		1	0%
24528	2		2	0%
Caroline	2		2	0%
22427	1		1	0%
22546	1		1	0%
Carroll	2		2	0%
24343	2		2	0%
Charlotte	1		1	0%
23947	1		1	0%
Charlottesville City	13		13	0%
22902	3		3	0%
22903	8		8	0%
22908	2		2	0%
Chesapeake City	30		30	0%
23320	13		13	0%
23321	3		3	0%
23322	8		8	0%
23323	3		3	0%
23324	2		2	0%
23325	1		1	0%
Chesterfield	49		49	0%
23112	10		10	0%
23113	8		8	0%

23114	4		4	0%
23120	1		1	0%
23234	3		3	0%
23235	12		12	0%
23236	1		1	0%
23831	5		5	0%
23832	3		3	0%
23836	2		2	0%
Clarke	1		1	0%
22611	1		1	0%
Colonial Heights City	5		5	0%
23834	5		5	0%
Covington City	2		2	0%
24426	2		2	0%
Craig	1		1	0%
24127	1		1	0%
Culpeper	7		7	0%
22701	7		7	0%
Danville City	9		9	0%
24540	4		4	0%
24541	5		5	0%
Dickenson	4		4	0%
24228	2		2	0%
24256	2		2	0%
Emporia City	1		1	0%
23847	1		1	0%
Fairfax	121	1	122	1%
20120	3		3	0%
20121	1		1	0%
20124	1		1	0%
20151	4		4	0%
20170	4		4	0%
20171	6		6	0%
20190	5		5	0%
20191	3		3	0%
20194	1		1	0%
22003	5	1	6	17%
22015	5		5	0%
22030	1		1	0%
22031	8		8	0%
22032	3		3	0%

22033	6		6	0%
22039	1		1	0%
22041	4		4	0%
22042	5		5	0%
22044	2		2	0%
22066	3		3	0%
22079	3		3	0%
22101	4		4	0%
22102	3		3	0%
22124	2		2	0%
22150	4		4	0%
22151	2		2	0%
22152	3		3	0%
22153	3		3	0%
22180	4		4	0%
22182	1		1	0%
22306	7		7	0%
22307	1		1	0%
22308	1		1	0%
22309	2		2	0%
22310	3		3	0%
22312	2		2	0%
22315	5		5	0%
Fairfax City	7		7	0%
22030	6		6	0%
22031	1		1	0%
Falls Church City	5		5	0%
22046	5		5	0%
Fauquier	6		6	0%
20186	5		5	0%
22712	1		1	0%
Floyd	2		2	0%
24091	2		2	0%
Fluvanna	3		3	0%
22963	2		2	0%
23055	1		1	0%
Franklin	4		4	0%
24101	1		1	0%
24151	3		3	0%
Franklin City	2		2	0%
23851	2		2	0%

Frederick	11		11	0%
22602	4		4	0%
22603	4		4	0%
22655	3		3	0%
Fredericksburg City	5		5	0%
22401	5		5	0%
Galax City	2		2	0%
24333	2		2	0%
Giles	1		1	0%
24134	1		1	0%
Gloucester	4		4	0%
23061	1		1	0%
23072	3		3	0%
Goochland	1		1	0%
23063	1		1	0%
Greene	2		2	0%
22968	1		1	0%
22973	1		1	0%
Halifax	4		4	0%
24592	4		4	0%
Hampton City	12		12	0%
23663	2		2	0%
23666	8		8	0%
23669	2		2	0%
Hanover	16		16	0%
23005	3		3	0%
23111	6		6	0%
23116	5		5	0%
23192	2		2	0%
Harrisonburg City	12	2	14	14%
22801	9	1	10	10%
22802	2	1	3	33%
22807	1		1	0%
Henrico	56		56	0%
23059	7		7	0%
23060	5		5	0%
23075	1		1	0%
23226	3		3	0%
23227	3		3	0%
23228	6		6	0%
23229	5		5	0%

23230	7		7	0%
23231	5		5	0%
23233	7		7	0%
23238	3		3	0%
23294	4		4	0%
Henry	5		5	0%
24055	1		1	0%
24078	2		2	0%
24112	2		2	0%
Hopewell City	2		2	0%
23860	2		2	0%
Isle of Wight	4		4	0%
23314	1		1	0%
23430	2		2	0%
23487	1		1	0%
James City	14	1	15	7%
23185	8	1	9	11%
23188	6		6	0%
King George	1		1	0%
22485	1		1	0%
King William	2		2	0%
23086	1		1	0%
23181	1		1	0%
Lancaster	4		4	0%
22482	4		4	0%
Lee	3		3	0%
24263	1		1	0%
24277	1		1	0%
24281	1		1	0%
Lexington City	3		3	0%
24450	3		3	0%
Loudoun	51	1	52	2%
20105	4		4	0%
20117	1		1	0%
20132	3		3	0%
20147	8	1	9	11%
20148	4		4	0%
20152	4		4	0%
20164	7		7	0%
20165	3		3	0%
20166	3		3	0%

20175	4		4	0%
20176	10		10	0%
Louisa	3		3	0%
23093	2		2	0%
23117	1		1	0%
Lunenburg	1		1	0%
23944	1		1	0%
Lynchburg City	13		13	0%
24501	3		3	0%
24502	8		8	0%
24503	2		2	0%
Madison	1		1	0%
22727	1		1	0%
Manassas City	8	1	9	11%
20110	8	1	9	11%
Manassas Park City	1		1	0%
20111	1		1	0%
Martinsville City	4		4	0%
24112	4		4	0%
Mathews	1		1	0%
23109	1		1	0%
Mecklenburg	4		4	0%
23924	1		1	0%
23927	2		2	0%
23970	1		1	0%
Middlesex	1		1	0%
23071	1		1	0%
Montgomery	13		13	0%
24060	6		6	0%
24073	7		7	0%
Nelson	1		1	0%
22958	1		1	0%
New Kent	3		3	0%
23140	1		1	0%
23141	2		2	0%
Newport News City	15	1	16	6%
23601	2		2	0%
23602	9		9	0%
23605	1		1	0%
23606	1	1	2	50%
23607	1		1	0%

23608	1		1	0%
Norfolk City	18	1	19	5%
23502	5		5	0%
23503	1		1	0%
23504		1	1	100%
23505	2		2	0%
23507	1		1	0%
23508	1		1	0%
23509	1		1	0%
23517	3		3	0%
23518	4		4	0%
Northampton	4		4	0%
23310	1		1	0%
23350	2		2	0%
23413	1		1	0%
Northumberland	1		1	0%
22435	1		1	0%
Norton City	2		2	0%
24273	2		2	0%
Nottoway	1		1	0%
23824	1		1	0%
Orange	5		5	0%
22508	1		1	0%
22942	2		2	0%
22960	2		2	0%
Page	2		2	0%
22835	2		2	0%
Patrick	1		1	0%
24171	1		1	0%
Petersburg City	5		5	0%
23803	2		2	0%
23805	3		3	0%
Pittsylvania	3		3	0%
24531	2		2	0%
24557	1		1	0%
Poquoson City	1		1	0%
23662	1		1	0%
Portsmouth City	9	1	10	10%
23701	1		1	0%
23703	3		3	0%
23704		1	1	100%

23707	5		5	0%
Powhatan	2		2	0%
23139	2		2	0%
Prince Edward	4	1	5	20%
23901	4	1	5	20%
Prince William	40	2	42	5%
20109	4		4	0%
20112	4		4	0%
20136	4		4	0%
20155	7		7	0%
20169	2		2	0%
22025	1		1	0%
22026	2		2	0%
22191	3		3	0%
22192	9		9	0%
22193	4	2	6	33%
Pulaski	5		5	0%
24084	1		1	0%
24301	4		4	0%
Radford City	3		3	0%
24141	3		3	0%
Richmond	1		1	0%
22572	1		1	0%
Richmond City	19		19	0%
23219	2		2	0%
23220	2		2	0%
23221	3		3	0%
23222	1		1	0%
23223	5		5	0%
23224	1		1	0%
23225	5		5	0%
Roanoke	11		11	0%
24018	4		4	0%
24019	4		4	0%
24179	3		3	0%
Roanoke City	17		17	0%
24012	6		6	0%
24013	1		1	0%
24014	3		3	0%
24015	2		2	0%
24016	2		2	0%

24017	2		2	0%
24018	1		1	0%
Rockingham	4		4	0%
22812	1		1	0%
22827	1		1	0%
22853	1		1	0%
24441	1		1	0%
Russell	3	1	4	25%
24260	1	1	2	50%
24266	2		2	0%
Salem	6		6	0%
24153	6		6	0%
Scott	4		4	0%
24245	1		1	0%
24251	2		2	0%
24290	1		1	0%
Shenandoah	4		4	0%
22657	2		2	0%
22664	2		2	0%
Smyth	7		7	0%
24319	2		2	0%
24354	4		4	0%
24370	1		1	0%
Spotsylvania	16		16	0%
22407	11		11	0%
22408	3		3	0%
22553	2		2	0%
Stafford	13		13	0%
22405	3		3	0%
22406	3		3	0%
22554	4		4	0%
22556	3		3	0%
Staunton City	6		6	0%
24401	6		6	0%
Suffolk City	10		10	0%
23434	7		7	0%
23435	3		3	0%
Tazewell	6		6	0%
24630	1		1	0%
24637	1		1	0%
24641	3		3	0%

24651	1		1	0%
Virginia Beach City	44		44	0%
23451	7		7	0%
23452	6		6	0%
23453	1		1	0%
23454	6		6	0%
23455	6		6	0%
23456	7		7	0%
23462	5		5	0%
23464	6		6	0%
Warren	6		6	0%
22630	6		6	0%
Washington	9	1	10	10%
24202	1	1	2	50%
24210	4		4	0%
24211	2		2	0%
24236	1		1	0%
24340	1		1	0%
Waynesboro City	5		5	0%
22980	5		5	0%
Westmoreland	2	1	3	33%
22443	1	1	2	50%
22520	1		1	0%
Winchester City	7		7	0%
22601	7		7	0%
Wise	4	1	5	20%
24216	1		1	0%
24219	2	1	3	33%
24283	1		1	0%
Wythe	5	1	6	17%
24368	1		1	0%
24382	4	1	5	20%
York	6		6	0%
23692	3		3	0%
23693	3		3	0%
Total Facility respondents	995	18	1013	2%

REPORT OF NONRESIDENT PHARMACIES (NRP) AS OF APRIL 15, 2026

<i>STATE</i>	<i># of NRP</i>	<i>STATE</i>	<i># of NRP</i>	<i>STATE</i>	<i># of NRP</i>
AL	12	LA	9	OH	40
AK	0	ME	2	OK	1
AZ	37	MD	68	OR	5
AR	3	MA	13	PA	76
CA	45	MI	21	RI	1
CO	10	MN	8	SC	13
CT	6	MS	9	SD	2
DE	3	MO	19	TN	80
FL	111	MT	2	TX	91
GA	13	NE	7	UT	14
HI	0	NV	4	VT	0
ID	4	NH	3	WA	5
IL	25	NJ	40	WV	14
IN	27	NM	0	WI	6
IA	7	NY	38	WY	1
KS	13	NC	69	DC	12
KY	24	ND	1		

Practice types – percent of total nonresident pharmacies:

<i>Practice Type</i>	<i>Percent of total</i>
Chain Community	12%
Independent Community	29%
Hospital	6%
Home Health/Infusion	9%
Long Term Care	8%
Mail Order only	25%
Nuclear	3%
Veterinary Only	6%
Clinical Services Only	2%

Agenda Topic: Finalize Plans for Transitioning to UMPJE

Included in agenda packet:

- Draft communication for newly issued pharmacists identifying Virginia-specific laws and regulations that they are encouraged to review

Actions needed:

- Motion to adopt communication for newly issued pharmacists identifying Virginia-specific laws and regulations that they are encouraged to review as presented or amended and begin requiring pharmacist applicants to pass the UPMJE as of October 1, 2026.

Virginia-Specific Laws and Regulations for New Licensees

Congratulations on receiving a license to practice pharmacy in the Commonwealth of Virginia! Please review this document which lists Virginia-specific laws and regulations regarding the practice of pharmacy that were not addressed through the Uniform Multistate Pharmacy Jurisprudence Examination. This document is not intended to be a comprehensive list of requirements; it is the responsibility of the pharmacist to always practice in a compliant manner. Relevant laws, regulations, guidance documents, and frequently asked questions may be accessed on the Board's website at <https://www.dhp.virginia.gov/Boards/Pharmacy/>

I. Structure of the Virginia Board of Pharmacy

A. Board Members

1. The Board of Pharmacy shall consist of ten members, as follows: eight licensed pharmacists who are graduates of an approved school or college of pharmacy and two citizen members. The terms of office of the members shall be four years. § 54.1-3305
2. The Governor appoints all members for terms of four years. No member shall serve more than two successive full terms. § 54.1-2402.1
3. Citizen members shall meet the qualifications of § 54.1-107.
4. A list of current board members may be accessed at <https://www.dhp.virginia.gov/Boards/Pharmacy/AbouttheBoard/BoardMembers/>

B. Executive Director

1. There shall be an executive director for the Board of Pharmacy who shall be licensed or eligible for licensure in the Commonwealth as a pharmacist. § 54.1-3305

C. Department of Health Professions

1. The Board of Pharmacy is one of thirteen health regulatory boards within the Department of Health Professions. Staff performing the duties related to the Board of Pharmacy collaborate with other agency employees to fulfill the agency's mission which is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.
2. Information for Board of Pharmacy staff may be accessed at <https://www.dhp.virginia.gov/Boards/Pharmacy/AbouttheBoard/StaffListing/>

II. Powers and duties

- A.** General powers and duties of health regulatory boards may be accessed at § 54.1-2400.
- B.** Specific Powers and Duties of the Board of Pharmacy may be accessed at § 54.1-3307.

III. Licenses, Registrations, and Permits

A. Professions Regulated

1. The following professions are regulated by the Board of Pharmacy:

- Business Controlled Substance Registration
- Limited Use Dispensing Facility
- Limited Use Pharmacy Technician
- Limited Use Practitioner Dispensing
- Medical Equipment Supplier
- Non-resident Manufacturer
- Non-resident Medical Equipment Supplier
- Non-resident Outsourcing Facility
- Non-resident Pharmacy
- Non-resident Third Party Logistics Provider
- Non-resident Warehouser
- Non-resident Wholesale Distributor
- Non-restricted Manufacturer
- Outsourcing Facility
- Permitted Physician
- Pharmacist
- Pharmacy
- Pharmacy Intern
- Pharmacy Technician
- Pharmacy Technician Trainee
- Physician Selling Controlled Substances
- Physician Selling Drug Location
- Restricted Manufacturer
- Third Party Logistics Provider
- Warehouser
- Wholesale Distributor

2. A brief description of each facility category may be accessed in Guidance Document 110-1 at

<https://www.dhp.virginia.gov/Boards/Pharmacy/PractitionerResources/GuidanceDocuments/>

B. Licensing of Pharmacists

1. Information for Applicants for a License as a Pharmacist may be accessed in Guidance Document 110-2 at

<https://www.dhp.virginia.gov/Boards/Pharmacy/PractitionerResources/GuidanceDocuments/>

2. Instructions for graduates of foreign schools of pharmacy may be accessed in Guidance Document 110-17 at

<https://www.dhp.virginia.gov/Boards/Pharmacy/PractitionerResources/GuidanceDocuments/>

3. Competency Examination Required for Licensure as a Pharmacist NAPLEX Passing Score may be accessed in Guidance Document 110-24 at <https://www.dhp.virginia.gov/Boards/Pharmacy/PractitionerResources/GuidanceDocuments/>

C. Registering of Pharmacy Technicians

1. Effective July 1, 2025, to be registered as a pharmacy technician, a person shall submit:
 - a. An application and fee specified in regulations of the Board;
 - b. Evidence that he has successfully completed a training program that is (i) an accredited training program, including an accredited training program operated through the Department of Education's Career and Technical Education program or approved by the Board; (ii) recognized by the Pharmacy Technician Certification Board or the National Healthcareer Association; or (iii) operated through a federal agency or branch of the military; and
 - c. Evidence that he has successfully passed a national certification examination administered by the Pharmacy Technician Certification Board or the National Healthcareer Association. § 54.1-332
2. More information regarding the registration of pharmacy technicians may be accessed at <https://www.dhp.virginia.gov/Boards/Pharmacy/PractitionerResources/FAQ/>

D. Continuing Education Requirements

1. The law requires a minimum of 15 contact hours for pharmacists and 5 contact hours for pharmacy technicians per calendar year. For pharmacists, at least three of the required 15 hours must be from courses or programs that are live or real-time interactive. Pharmacists and pharmacy technicians obtain all required CE prior to renewing their license or registration in order to properly attest that they have met the CE requirements. The certificates or transcript of awarded CE should be dated between January 1 and December 31, inclusive, of the calendar year they are used. More information regarding continuing education requirements for pharmacists and pharmacy technicians may be accessed in Guidance Document 110-4 at <https://www.dhp.virginia.gov/Boards/Pharmacy/PractitionerResources/GuidanceDocuments/>
2. Recommend sanctions for CE violations may be accessed in Guidance Document 110-42 at <https://www.dhp.virginia.gov/Boards/Pharmacy/PractitionerResources/GuidanceDocuments/>

E. Pharmacy Permits

1. **Submission of application**
 - a. Any person wishing to open a new pharmacy, engage in the acquisition of an existing pharmacy, change the location of an existing pharmacy, move the location or make

structural changes to an existing prescription department, or make changes to a previously approved security system shall file an application with the board. 18VAC110-20-140

- b. Pharmacy permit application may be accessed at <https://www.dhp.virginia.gov/Boards/Pharmacy/PractitionerResources/FormsandApplications/>

2. Pharmacist-in-Charge (PIC)

- a. Responsibilities of the PIC may be found in Guidance Document 110-27 at <https://www.dhp.virginia.gov/Boards/Pharmacy/PractitionerResources/GuidanceDocuments/>
- b. A pharmacist shall not be eligible to serve as PIC until after having obtained a minimum of two years of experience practicing as a pharmacist in Virginia or another jurisdiction in the United States. The board may grant an exception to the minimum number of years of experience for good cause shown. 18VAC110-20-110

3. Alarm requirements

- a. A device for the detection of breaking shall be installed in each prescription department of each pharmacy. The installation and the device shall be based on accepted alarm industry standards and shall be subject to the following conditions:
 - 1. The device shall be a sound, microwave, photoelectric, ultrasonic, or any other generally accepted and suitable device.
 - 2. The device shall have at least one hard-wired communication method, be monitored in accordance with accepted industry standards, maintained in operating order, have an auxiliary source of power, and be capable of sending an alarm signal to the monitoring entity when breached if the communication line is not operational.
 - 3. The device shall fully protect the prescription department and shall be capable of detecting breaking by any means when activated.
 - 4. Access to the alarm system for the prescription department area of the pharmacy shall be restricted to the pharmacists working at the pharmacy, except for access by other persons in accordance with 18VAC110-20-190 B 2, and the system shall be activated whenever the prescription department is closed for business.
 - 5. The alarm system shall include a feature by which any breach in the alarm shall be communicated by the monitoring entity to the PIC or a pharmacist working at the pharmacy. 18VAC110-20-180.
- b. Exceptions to the alarm requirement may be accessed in 18VAC110-20-180.

4. Prescription Department Enclosures

- a. Requirements for prescription department enclosures and locking devices may be accessed in 18VAC110-20-190.

5. Applications and Inspections

- a. Inspection templates may be accessed at <https://www.dhp.virginia.gov/Boards/Pharmacy/PractitionerResources/FormsandApplications/>
- b. Unannounced, routine inspections of pharmacies are performed approximately every 2 years. Recommended sanctions for deficiencies cited during routine pharmacy inspections may be accessed in Guidance Document 110-9 at <https://www.dhp.virginia.gov/Boards/Pharmacy/PractitionerResources/GuidanceDocuments/>
- c. The proposed location or structural changes shall be inspected by an authorized agent of the board prior to issuance of a permit. 18VAC110-20-140

6. Change of ownership, closing of pharmacy

- a. At least 14 days prior to the date a pharmacy closes in accordance with § 54.1-3434.01 of the Code of Virginia or goes out of business, the owner shall notify the board. The proposed disposition of all Schedule II through VI drugs, prescription dispensing records, patient information records, and other required records shall be reported to the board. If the pharmacy drug stock and records are to be transferred to another licensee, the owner shall inform the board of the name and address of the licensee to whom the drugs and records are being transferred and the date of transfer. Prescription records for prescriptions with active refills shall be transferred to another pharmacy where a patient may obtain access for the purpose of obtaining refills either at that location or in accordance with the transfer provisions of 18VAC110-20-360. 18VAC110-20-130
- b. At least 14 days prior to any change in ownership of an existing pharmacy, the owner shall notify the board of the pending change. 18VAC110-20-130
- c. Additional requirements may be accessed in 18VAC110-20-130.

IV. Pharmacy Practice

A. Definitions of “controlled substance” and “Schedule VI”

1. While many states define the term "controlled substance" to mean drugs in Schedules II-V, Virginia law defines the term in a manner that includes all prescription drugs. § 54.1-3401
2. Unlike many states that use the term “legend drug”, Virginia law uses the term Schedule VI to refer to a drug or device that is not placed in Schedules I-V. § 54.1-3455

B. Working conditions

1. A permit holder's decisions shall not override the control of the PIC or other pharmacist on duty regarding appropriate working environments for all pharmacy personnel necessary to protect the health, safety, and welfare of patients. 18VAC110-20-113

2. Staffing requests or concerns shall be communicated by the PIC or pharmacist on duty to the permit holder using the Staffing Requests or Concerns Form developed by the board or a form containing information identical to the form developed by the board, which may be electronic. The Staffing Requests or Concerns Form may be accessed at <https://www.dhp.virginia.gov/Boards/Pharmacy/PractitionerResources/FormsandApplications/> 18VAC110-20-113
3. Additional requirements for pharmacy working conditions may be accessed in 18VAC110-20-113.

C. Pharmacist to Pharmacy Technician Ratios

1. Allowable ratios for pharmacist to pharmacy technicians, use of pharmacy interns performing pharmacy technician duties, ratio when pharmacy technicians perform duties remotely, and ratio for central fill pharmacies may be accessed in Guidance Document 110-33 at <https://www.dhp.virginia.gov/Boards/Pharmacy/PractitionerResources/GuidanceDocuments/>

D. Statewide protocols

1. A pharmacist may initiate treatment with, dispense, or administer the certain drugs, devices, controlled paraphernalia, and other supplies and equipment pursuant to statewide protocols developed by the Board in collaboration with the Board of Medicine and the Department of Health and set forth in regulations of the Board. § 54.1-3303.1
2. Current statewide protocols may be accessed at <https://www.dhp.virginia.gov/Boards/Pharmacy/PractitionerResources/StatewideProtocols/>

E. Collaborative agreements

1. A pharmacist may prescribe, modify, continue, or discontinue drug therapy pursuant to written or electronic protocols within a collaborative practice agreement, provided implementation of drug therapy occurs following diagnosis by the licensed physician, podiatrist, advanced practice registered nurse, or physician assistant. § 54.1-3300.1.
2. A pharmacist is eligible to obtain a mid-level practitioner registration from the Drug Enforcement Administration for collaborative agreements involving drugs in Schedules II-V. More information may be accessed at <https://www.dhp.virginia.gov/Boards/Pharmacy/PublicResources/cpalisting/>

F. Emergency refills

1. A prescription for a drug controlled by Schedule VI, including insulin, may be refilled without authorization from the prescriber if reasonable effort has been made to communicate with the prescriber, and the pharmacist has determined that he is not available and the patient's health would be in imminent danger without the benefits of the drug. Authorization to refill under this subdivision also exists when the pharmacist only

has access to the label on a prescription container. The pharmacist shall inform the patient of the prescriber's unavailability and that the refill is being made without his authorization. The pharmacist shall promptly inform the prescriber of such refill. The date and quantity of the refill, the prescriber's unavailability, and the rationale for the refill shall be noted on the reverse side of the prescription. §§ 54.1-3410, 54.1-3411

G. Prescription expirations, maximum refills, medication synchronization

1. A prescription for a Schedule II drug shall be dispensed in good faith but in no case shall it be dispensed more than six months after the date on which the prescription was issued. 18VAC110-20-290
2. A prescription for a Schedule VI drug or device shall not be dispensed or refilled more than one year after the date on which it was issued unless the prescriber specifically authorizes dispensing or refilling for a longer period of time not to exceed two years. 18VAC110-20-320
3. Except for drugs classified by the American Hospital Formulary Service as psychotherapeutic agents, anxiolytics, sedatives, or hypnotics or for drugs of concern as defined in § 54.1-2519 of the Code of Virginia, a pharmacist, using professional judgment and upon request by the patient, may dispense or refill a drug listed in Schedule VI with any quantity, up to the total amount authorized, taking all refills into consideration. 18VAC110-20-320

H. Transmission of prescriptions

1. Except as authorized in § 54.1-3408.02, prescriptions for opioids must be electronically transmitted. Pursuant to § 54.1-3410, a dispenser who receives a non-electronic prescription for a controlled substance containing an opioid is not required to verify that one of the exceptions set forth in § 54.1-3408.02 applies and may dispense such controlled substance pursuant to such prescription and applicable law.
2. Additional requirements for the transmission of prescriptions may be accessed in Guidance Document 110-35 at <https://www.dhp.virginia.gov/Boards/Pharmacy/PractitionerResources/GuidanceDocuments/>

I. Certain pharmacy technician allowances

1. A pharmacy technician may accept a refill authorization of a prescription for a Schedule III through Schedule VI drug and clarification of quantity or refills for a prescription issued for a Schedule VI drug from a prescriber or his authorized agent, so long as there is no other change to the original prescription. § 54.1-3321
2. A pharmacy technician may accept an electronic transfer of a refill for a Schedule VI drug upon order of the PIC or pharmacist on duty if the refill is not an on-hold prescription. § 54.1-3321
3. Under the supervision of a pharmacist, meaning the supervising pharmacist is at the same physical location of the technician or pharmacy intern, and consistent with the requirements of § 54.1-3303.1, a pharmacy technician may administer vaccines included

on the Immunization Schedule published by the Centers for Disease Control and Prevention and vaccines for COVID-19. § 54.1-3321

J. Counseling, proof of identity

1. A pharmacist shall offer to counsel any person who presents a new prescription for filling. § 54.1-3319
2. Virginia Code § 54.1-3420.1 authorizes a pharmacist to request proof of identity prior to dispensing or refilling prescriptions written for drugs in Schedules II through V. Additional information may be accessed in Guidance Document 110-11 at <https://www.dhp.virginia.gov/Boards/Pharmacy/PractitionerResources/GuidanceDocuments/>

K. Emergency drug kit and stat-drug box

1. A pharmacist may provide an emergency drug kit for a long-term care facility under certain restrictions. 18VAC110-20-540
2. A pharmacist may provide a stat-drug box under certain conditions. 18VAC110-20-550

L. Kickbacks, fee-splitting, interference with supplier

1. A pharmacy shall not solicit or foster prescription practice with a prescriber of drugs or any other person providing for rebates, kickbacks, fee-splitting, or special charges in exchange for prescription orders. A pharmacy shall not interfere with the patient's right to choose his supplier of medication or cooperate with any person in denying a patient the opportunity to select his supplier of prescribed medications. 18VAC110-20-390.

M. Prescription Blanks

1. If a pharmacy provides prescription blanks to prescribers, no advertising or other information shall be on the face of the prescription blank other than prompts for essential information required by law to be on a written prescription. Any nonessential information such as coupons or pharmacy name may be placed on the back of the prescription blank or on a separate sheet of paper, but shall not be on or attached to the face of the blank. 18VAC110-20-391

N. Return of medication

1. Drugs dispensed to persons pursuant to a prescription shall not be accepted for return or exchange for the purpose of re-dispensing by any pharmacist or pharmacy after such drugs have been removed from the pharmacy premises from which they were dispensed with some exception as outlined in law. § 54.1-3411.1

O. Practitioner prescribing authorities

1. A summary of the various prescriber's authorities may be accessed in Guidance Document 110-8 at <https://www.dhp.virginia.gov/Boards/Pharmacy/PractitionerResources/GuidanceDocuments/>

P. Compounding

1. Virginia law adopts the standards of the United States Pharmacopeia (USP) by reference and pharmacists shall ensure compliance with USP-NF standards for both sterile and non-sterile compounding. § 54.1-3410.2
2. Additional information regarding compounding requirements may be accessed in § 54.1-3410.2 and Guidance Documents 110-36 and 110-39 found at <https://www.dhp.virginia.gov/Boards/Pharmacy/PractitionerResources/GuidanceDocuments/>

Q. Labeling, dispensing of therapeutic equivalent

1. A pharmacist may dispense a therapeutically equivalent drug product for a prescription that is written for a brand-name drug product unless (i) the prescriber indicates such substitution is not authorized by specifying on the prescription, "brand medically necessary" or (ii) the patient insists on the dispensing of the brand-name drug product. § 54.1-3408.03
2. "Therapeutically equivalent drug products" means drug products that contain the same active ingredients and are identical in strength or concentration, dosage form, and route of administration and that are classified as being therapeutically equivalent by the U.S. Food and Drug Administration pursuant to the definition of "therapeutically equivalent drug products" set forth in the most recent edition of the Approved Drug Products with Therapeutic Equivalence Evaluations, otherwise known as the "Orange Book." § 54.1-3401
3. Except for drugs dispensed to patients in a hospital or long-term care facility where all drugs are administered by persons licensed to administer, for any drug product possessing a single active ingredient, the generic name of the drug shall be included on the label. If a generic drug is dispensed when a prescription is written for a brand name drug, the label shall contain the generic name followed by the words "generic for" followed by the brand name of the drug prescribed, and the label shall also contain the generic's brand name or the manufacturer or distributor of the drug dispensed. 18VAC110-20-330

R. Delivery of dispensed prescriptions

1. If a prescription drug order for a Schedule VI controlled substance is not personally hand delivered directly to the patient or the patient's agent, or if the prescription drug order is not delivered to the residence of the patient, the delivery location shall hold a current permit, license, or registration with the Board that authorizes the possession of controlled substances at that location. § 54.1-3420.2
2. Regulatory requirements regarding the delivery of dispensed prescriptions to a location other than the patient's residence may be accessed in 18VAC110-20-275.

S. Continuous Quality Improvement

1. "Dispensing error" means one or more of the following discovered after the final verification by the pharmacist, regardless of whether the patient received the drug:
 1. Variation from the prescriber's prescription drug order, including:
 - a. Incorrect drug;
 - b. Incorrect drug strength;
 - c. Incorrect dosage form;
 - d. Incorrect patient; or
 - e. Inadequate or incorrect packaging, labeling, or directions.
 2. Failure to exercise professional judgment in identifying and managing:
 - a. Known therapeutic duplication;
 - b. Known drug-disease contraindications;
 - c. Known drug-drug interactions;
 - d. Incorrect drug dosage or duration of drug treatment;
 - e. Known drug-allergy interactions;
 - f. A clinically significant, avoidable delay in therapy; or
 - g. Any other significant, actual, or potential problem with a patient's drug therapy.
 3. Delivery of a drug to the incorrect patient.
 4. Variation in bulk repackaging or filling of automated devices, including:
 - a. Incorrect drug;
 - b. Incorrect drug strength;
 - c. Incorrect dosage form; or
 - d. Inadequate or incorrect packaging or labeling. 18VAC110-20-10
2. Pharmacies not actively reporting dispensing errors to patient safety organizations, consistent with § 54.1-3434.03 and 18VAC110-20-10, shall implement a program for continuous quality improvement. 18VAC110-20-418

T. Inventories – biennial, change of PIC, perpetual

1. The PIC shall cause an inventory to be made of all Schedule I, II, III, IV and V drugs on hand. Such inventory shall be completed as of the date he becomes PIC and prior to opening for business on that date. § 54.1-3434
2. Although not required by law or regulation, an outgoing PIC shall have the opportunity to take a complete and accurate inventory of all Schedules II through V controlled substances on hand on the date the pharmacist ceases to be the PIC, unless the owner submits written notice to the board showing good cause as to why this opportunity should not be allowed.
3. Each pharmacy shall maintain a perpetual inventory of all Schedule II drugs received and dispensed that accurately indicates the physical count of each Schedule II drug "on-hand" at the time of performing the inventory. The perpetual inventory shall include a reconciliation of each Schedule II drug at least monthly with a written explanation for any difference between the physical count and the theoretical count. Electronic monitoring at the pharmacy or by another entity that provides alerts for discrepancies between drugs received and drugs dispensed is acceptable provided such alerts are reviewed at least monthly. 18VAC110-20-240

4. Biennial inventory requirements of drugs in Schedules I-V may be found in § 54.1-3404. Other requirements and guidance on the performing of inventories may be accessed in 18VAC110-20-240 and Guidance Document 110-16 at <https://www.dhp.virginia.gov/Boards/Pharmacy/PractitionerResources/GuidanceDocuments/>

V. Unprofessional conduct, reasons for denial or sanctioning

1. Reasons the Board may refuse to admit an applicant to any examination; refuse to issue a license, permit, certificate, or registration to any applicant; or reprimand, impose a monetary penalty, place on probation, impose such terms as it may designate, suspend for a stated period of time or indefinitely, or revoke any license, permit, certificate, or registration may be accessed in § 54.1-3316.
2. Unprofessional conduct is further defined in 18VAC110-20-25 and 18VAC110-21-40.

VI. Prescription Monitoring Program

1. In accordance with Code of Virginia §§ 54.1-2519 – 54.1-2525 the Virginia Department of Health Professions (DHP) has established a program to monitor the prescribing and dispensing of covered substances. The program covers the entire state and requires all dispensers to report all controlled substances included in Schedule II, III and IV; those in Schedule V for which a prescription is required; naloxone, all drugs of concern, and cannabidiol oil or THC-A oil dispensed by a pharmaceutical processor in Virginia. All covered substances must be reported within 24 hours or the dispenser's next business day. The program also requires non-resident pharmacies to report dispensing of covered substances to Virginia residents.
2. Information regarding the Virginia Prescription Monitoring Program may be accessed at <https://www.dhp.virginia.gov/PractitionerResources/PrescriptionMonitoringProgram/>

VII. Health Practitioner Monitoring Program (HPMP)

1. Virginia HPMP is a recovery monitoring and support program for healthcare professionals who are diagnosed with a substance use disorder, a mental health or physical condition that may alter *their ability to practice their profession safely*. Participation in the program provides individualized referrals for treatment and monitoring to assist practitioners with their progress toward recovery to provide self-health and patient safety. More information may be accessed at <https://www.dhp.virginia.gov/PractitionerResources/HealthPractitionersMonitoringProgram/>

Virginia Board of Pharmacy
June 16, 2026
Licenses Issued

	11/1/24 - 1/31/25	2/1/25 - 4/30/25	5/1/25 - 7/31/25	8/1/25 - 10/31/25	11/1/25 - 1/31/26	2/1/26 - 4/30/26	License Count 6/1/2026
Business CSR	74	69	55	35	37	17	1,754
CE Courses	0	0	0	0	1	0	0
EMS Designated Locations	199	75	44	13	38	10	721
Limited Use Pharmacy Technician	0	0	0	0	0	0	4
Medical Equipment Supplier	1	3	4	6	3	5	210
Non-restricted Manufacturer	0	0	0	0	0	0	37
Outsourcing Facility	0	0	0	0	0	0	1
Permitted Physician	0	0	0	0	0	0	0
Pharmacist	177	187	251	266	155	181	16,700
Pharmacist Volunteer Registration	0	0	0	0	0	0	0
Pharmacy	5	12	9	6	13	15	1,689
Pharmacy Intern	121	77	55	159	79	119	1,059
Pharmacy Technician	427	477	623	575	553	489	13,976
Pharmacy Technician Trainee	900	941	1,141	1,473	993	900	7,233
Physician Selling Controlled Substances	17	37	22	34	13	25	579
Limited Use Practitioner Dispensing	4	3	1	2	0	1	17
Nonresident Manufacturer	1	5	1	4	3	6	240
Nonresident Medical Equipment Supplier	8	10	5	11	14	9	387
Nonresident Outsourcing Facility	4	2	1	0	1	2	41
Nonresident Pharmacy	12	27	25	28	12	28	1,003
Nonresident Third Party Logistics Provider	7	11	4	7	11	12	275
Nonresident Warehouse	17	11	14	4	7	6	187
Nonresident Wholesale Distributor	7	17	19	15	11	10	643
Physician Selling Drugs Location	9	5	5	6	2	4	134
Pilot Programs	0	2	0	0	1	1	8
Repackaging Training Program	0	0	0	0	0	0	2
Restricted Manufacturer	0	0	0	0	0	1	30
Third Party Logistics Provider	0	1	0	0	1	1	8
Warehouse	2	0	4	0	2	2	122
Limited Use Facility Dispensing	1	0	1	0	0	0	7
Wholesale Distributor	3	1	0	2	1	1	60
Total	1,996	1,973	2,284	2,646	1,951	1,845	47,127

Licensing Report



Current Count of Licenses

Quarterly Summary

Quarter 3- Fiscal Year 2026

Current licenses by board and occupation as of the last day of the quarter.

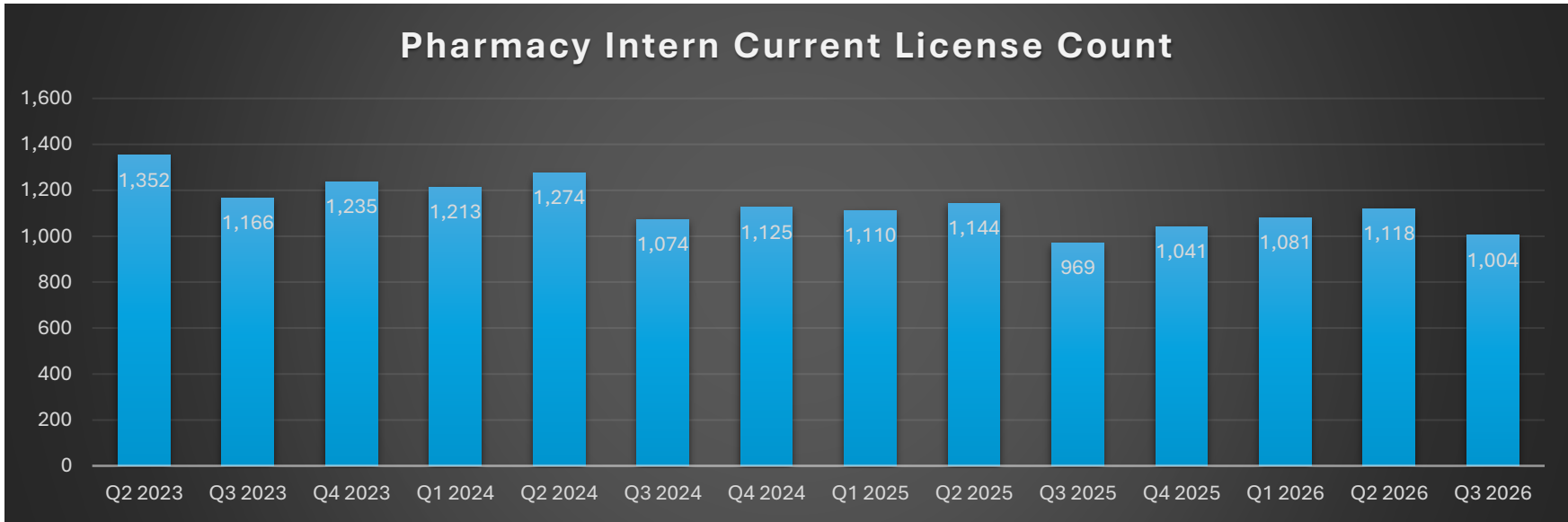
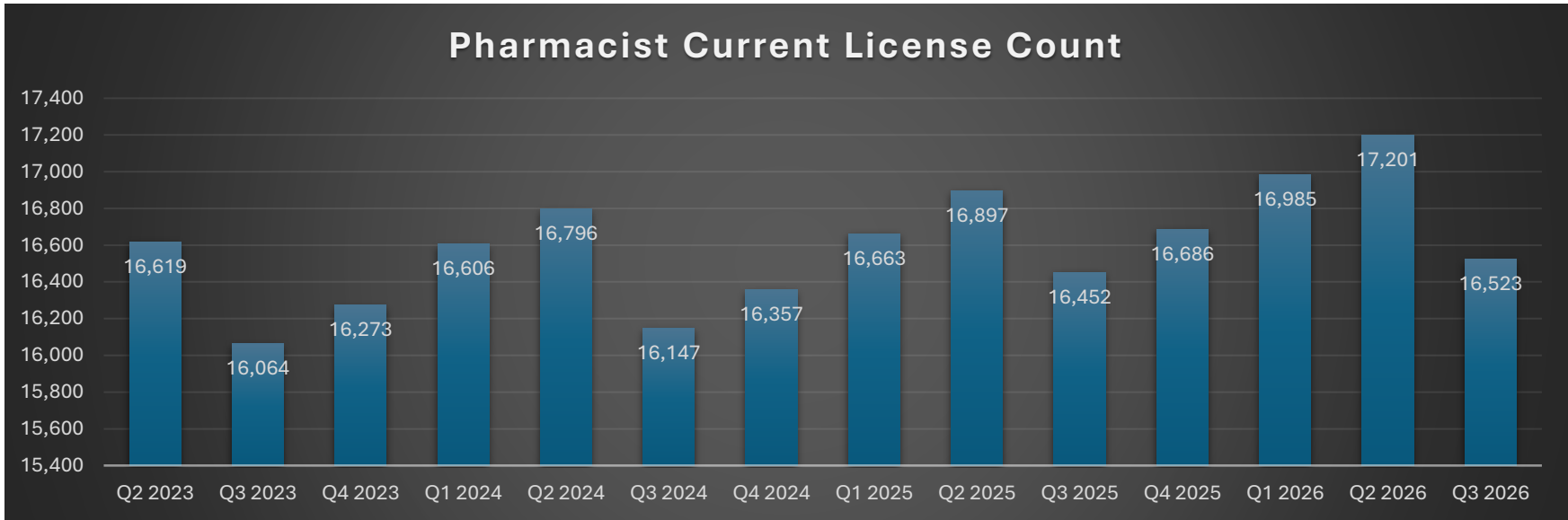
*New Occupation

**QMHPs are now grouped together rather than listed separately as QMHP-Adult and QMHP-Child.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

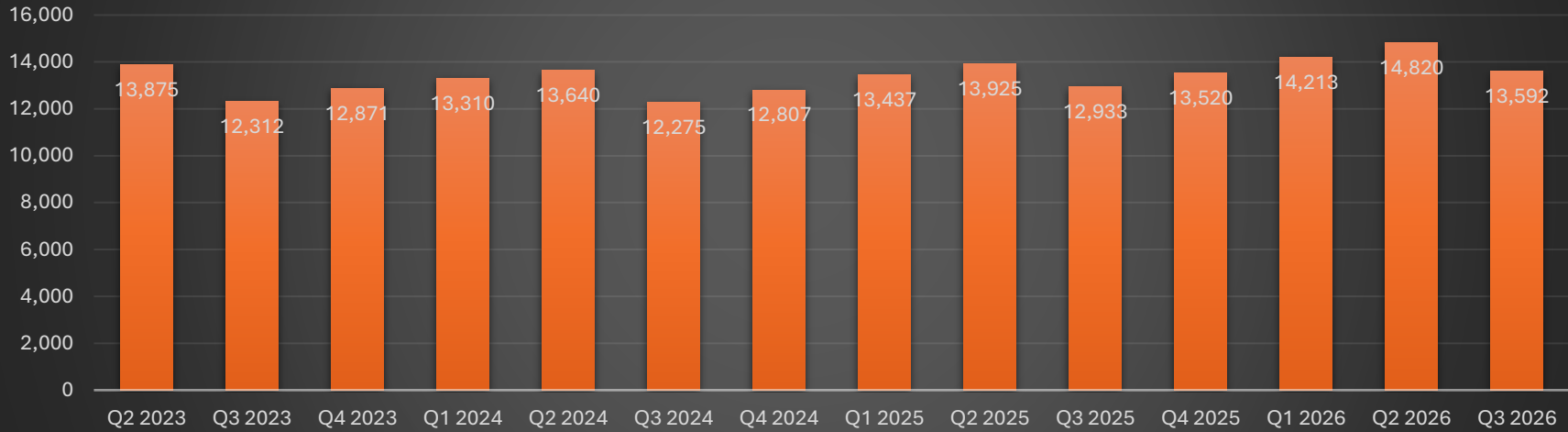
BOARD	Occupation	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026	CURRENT Q3 2026
Optometry	Optometrist	65	65	49	50	51	51	46	46	46	46	41	41	41	41
	Laser-Certified TPA Optometrists	-	-	-	-	-	-	-	-	-	-	-	78	89	102
	Optometrist-Volunteer Registration	-	-	-	1	-	-	-	-	-	-	-	-	-	-
	Professional Designation	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	TPA Certified Optometrist	1,784	1,808	1,777	1,820	1,852	1,879	1,819	1,842	1,867	1,883	1,824	1,803	1,820	1,828
	Total	1,849	1,873	1,826	1,871	1,903	1,930	1,865	1,888	1,913	1,929	1,865	1,922	1,950	1,971
Pharmacy	Business CSR	1,529	1,423	1,465	1,508	1,533	1,417	1,498	1,599	1,702	1,640	1,723	1,768	1,806	1,677
	CE Courses	9	9	9	9	9	9	9	9	9	9	-	-	-	-
	EMS Designated Location**	-	-	-	-	-	-	-	-	-	-	683	710	751	736
	Humane Society	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Limited Use Facility Dispensing	1	2	3	3	3	4	4	6	6	6	7	7	7	7
	Limited Use Pharmacy Technician	7	7	7	7	7	6	6	5	5	4	4	4	4	4
	Limited Use Practitioner Dispensing	3	3	3	4	6	8	8	12	12	16	18	20	20	16
	Medical Equipment Supplier	226	213	220	226	224	205	212	216	224	208	215	220	222	205
	Non-Resident Manufacturer	224	217	226	231	236	229	232	245	248	233	236	240	243	235
	Non-Resident Medical Equipment Supplier	369	346	355	367	379	345	367	380	390	367	373	383	395	377
	Non-resident Outsourcing Facility	33	35	33	32	31	31	33	33	37	36	38	39	38	40
	Non-resident Pharmacy	911	924	923	923	934	943	962	973	982	977	997	1,004	1,002	999
	Non-Resident Wholesale Distributor	641	610	624	635	641	612	624	633	637	621	642	658	664	633
	Non-restricted Manufacturer	34	35	35	35	35	32	34	36	36	36	36	36	36	35
	Non-Resident Third Party Logistics Prov.	206	207	219	229	238	234	241	247	254	252	259	259	272	272
	Non-resident Warehouse	115	109	114	123	130	127	142	154	167	171	183	186	194	182
	Outsourcing Facility	-	1	1	1	1	1	1	1	1	1	1	1	1	1
	Permitted Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacist	16,619	16,064	16,273	16,606	16,796	16,147	16,357	16,663	16,897	16,452	16,686	16,985	17,201	16,523
	Pharmacist-Volunteer Registration	-	-	1	-	-	-	-	-	-	-	-	-	-	-
Pharmacy	1,765	1,762	1,755	1,751	1,738	1,744	1,737	1,726	1,726	1,727	1,698	1,681	1,683	1,691	
Pharmacy Intern	1,352	1,166	1,235	1,213	1,274	1,074	1,125	1,110	1,144	969	1,041	1,081	1,118	1,004	
Pharmacy Technician	13,875	12,312	12,871	13,310	13,640	12,275	12,807	13,437	13,925	12,933	13,520	14,213	14,820	13,592	
Pharmacy Technician Trainee	8,041	8,581	8,178	8,190	8,063	8,095	8,014	8,234	8,016	7,785	7,864	7,874	7,690	7,463	

Licensing Report

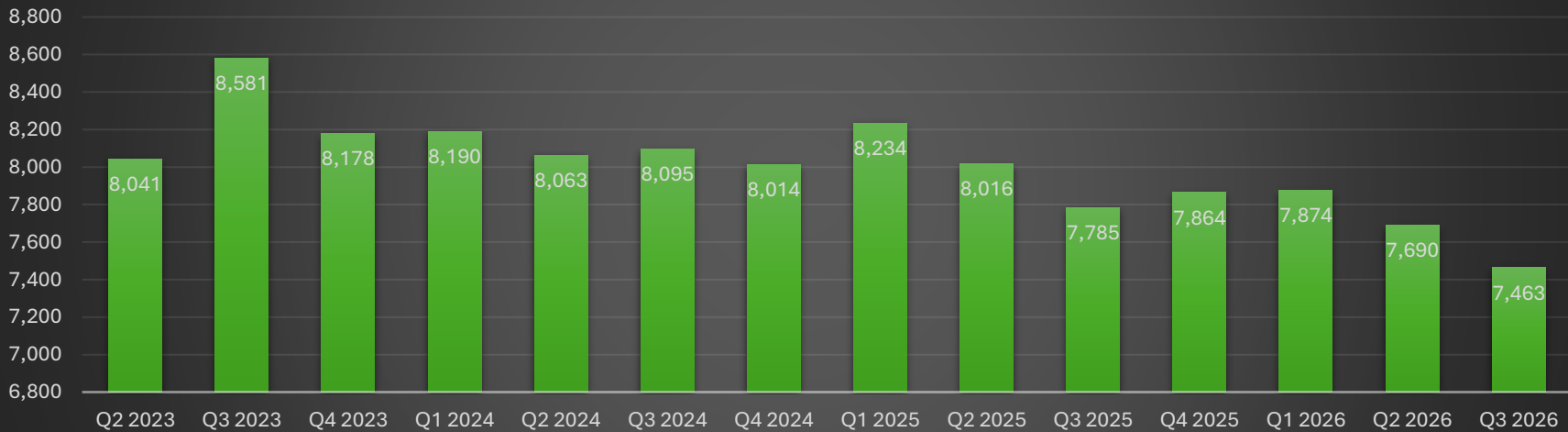


Licensing Report

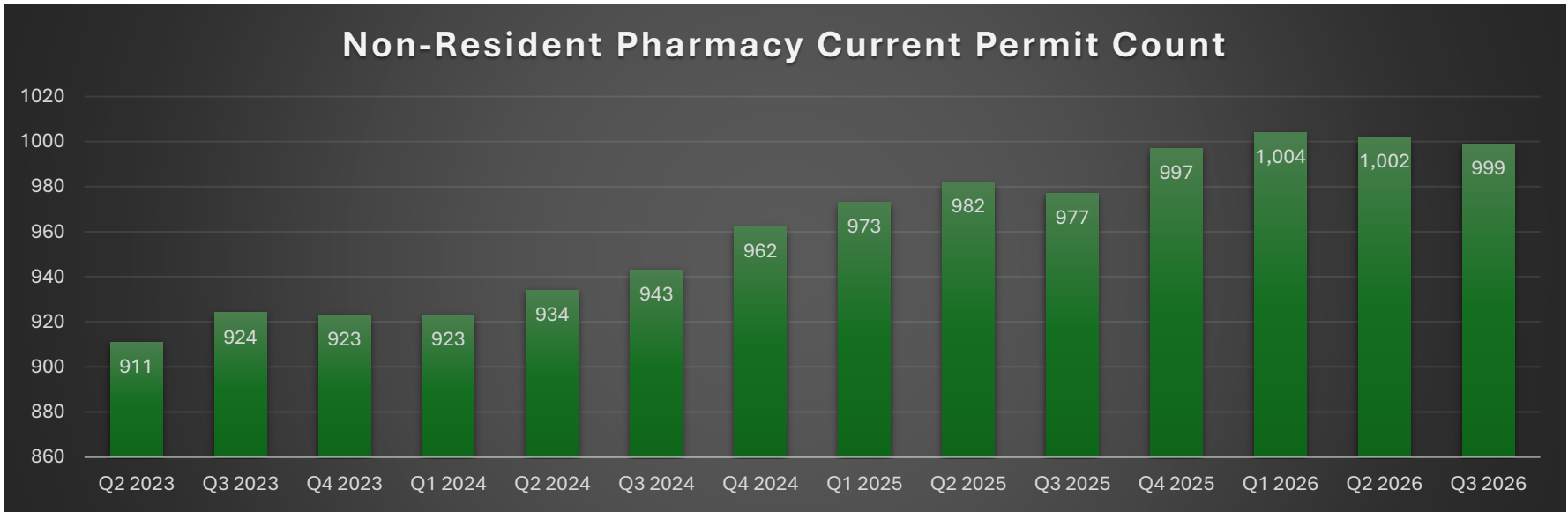
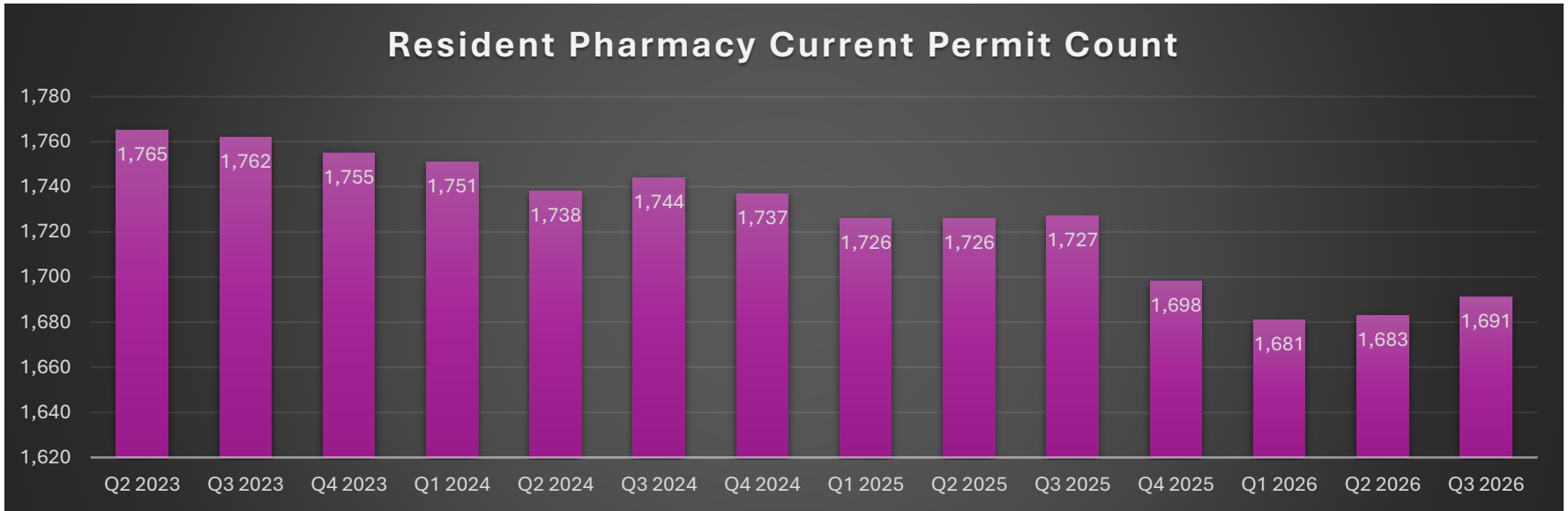
Pharmacy Technician Current License Count



Pharmacy Technician Trainee Current License Count



Licensing Report



Licensing Report



Virginia Department of Health Professions

New License Count

Quarterly Summary

Quarter 3- Fiscal Year 2026

Licenses issued by board and occupation during the quarter.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

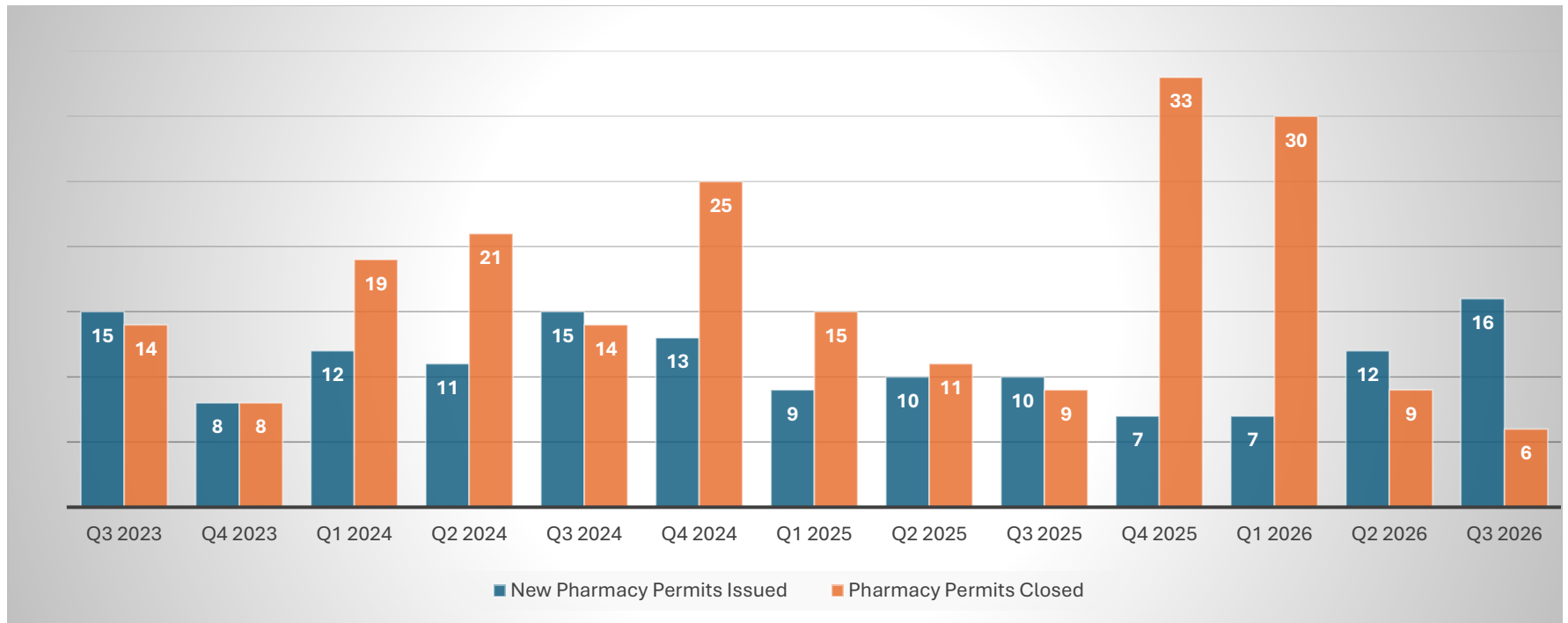
BOARD	Occupation	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Q3 2026
Pharmacy	Non-resident Outsourcing Facility	1	1	-	-	-	-	3	2	5	2	1	-	1	1
	Non-resident Pharmacy	17	28	18	24	21	25	28	30	20	15	29	31	18	21
	Non-resident Wholesale Distributor	4	9	10	14	9	8	9	15	7	13	18	19	12	6
	Non-restricted Manufacturer	-	2	-	-	-	-	1	2	-	-	-	-	-	-
	Outsourcing Facility	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	Permitted Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacist	164	152	184	317	168	136	185	296	183	176	220	277	196	144
	Pharmacist-Volunteer Registration	2	-	1	4	-	-	-	-	-	-	-	-	-	-
	Non-resident Third Party Logistics Prov.	13	12	11	11	11	5	8	7	13	9	7	3	12	11
	Non-resident Warehouse	9	3	4	9	6	8	13	13	15	12	11	6	7	8
	Pharmacy Intern	126	132	83	85	104	88	69	76	86	83	85	122	78	129
	Pharmacy	10	15	8	12	11	15	13	9	10	10	7	7	12	16
	Pharmacy Technician	292	383	463	376	270	412	445	562	427	458	503	631	578	520
	Pharmacy Technician Training Program	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacy Technician Trainee	1,186	983	971	966	1,103	999	903	1,125	958	970	1,023	1,399	1,103	954
	Physician Selling Controlled Substances	40	30	13	31	28	18	7	48	28	17	38	35	19	13
	Physician Selling Drugs Location	3	3	4	3	4	3	3	6	8	5	5	7	4	4
Pilot Programs	-	-	2	-	2	1	3	-	1	-	2	-	-	2	
Repackaging Training Program	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

New Licenses Issued

Quarter 3- Fiscal Year 2026

Page 8 of 21

Licensing Report



Quarterly Inspection Completed Review by License Type – Date Range: 1/01/2026 – 3/31/2026

Insp Status	License Type	Change of Location	Compliance	New	Pilot	Reinspection	Remodel	Routine	Grand Total
Completed	Business CSR	3		12			2	147	164
	Third Party Logistics Provider			2				2	4
	Medical Equipment Supplier	2		6				41	49
	Non-restricted Manufacturer					1			1
	Pharmacy	4	2	13	2	6	29	205	261
	Physician Selling Drugs Location	2		3			1	10	16
	Warehouser	2					2	31	35
	Wholesale Distributor					1		10	11
	Completed Total		13	2	36	2	8	34	446
Completed Virtual	Business CSR	5		9		1	1	9	25
	Medical Equipment Supplier						1		1
	Physician Selling Drugs Location	1		1		1			3
	Restricted Manufacturer			1					1
	Warehouser					1			1
	Wholesale Distributor							1	1
	Pharmacy					2	10		12
Completed Virtual Total		6	0	11	0	5	12	10	44
Grand Total		19	2	47	2	13	46	456	585

Routine Pharmacy Inspections – Date Range: 1/1/2026 – 3/31/2026

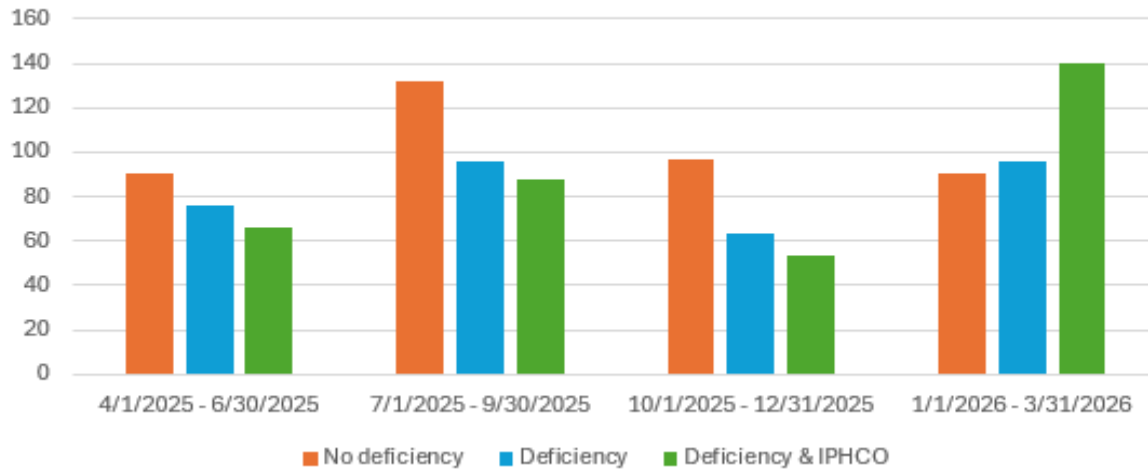
Top 5 cited deficiencies

Description	Number of times cited
<p>133. Compounding facilities and equipment used in performing non-sterile compounds not in compliance with 54.1-3410.2.</p>	<p>26</p>
<p>109. Expired drugs in working stock, dispensed drugs being returned to stock not in compliance, dispensed drugs returned to stock container or automated counting device not in compliance. (i.e. appropriate expiration date not placed on label of returned drug, mixing lot numbers in stock container).</p>	<p>19</p>
<p>15. Perpetual inventory not being maintained as required as it does not:</p> <ul style="list-style-type: none"> • Include all Schedule II drugs received or dispensed; • Accurately indicate the physical county of each Schedule II drug “on-hand” at the time of performing the inventory; • Include a reconciliation of each Schedule II drug at least monthly; or • Include a written explanation of any difference between the physical county and the theoretical count. <p>Monthly perpetual inventory is performed more than 7 days prior or more than 7 days after designated calendar month for which an inventory is required.</p>	<p>14</p>
<p>14. No incoming change of Pharmacist-In-Charge inventory, inventory taken over 5 days late, or substantially incomplete, i.e., did not include all drugs in Schedules II-V.</p>	<p>12</p>
<p>124. Labels do not include all required information.</p>	<p>11</p>

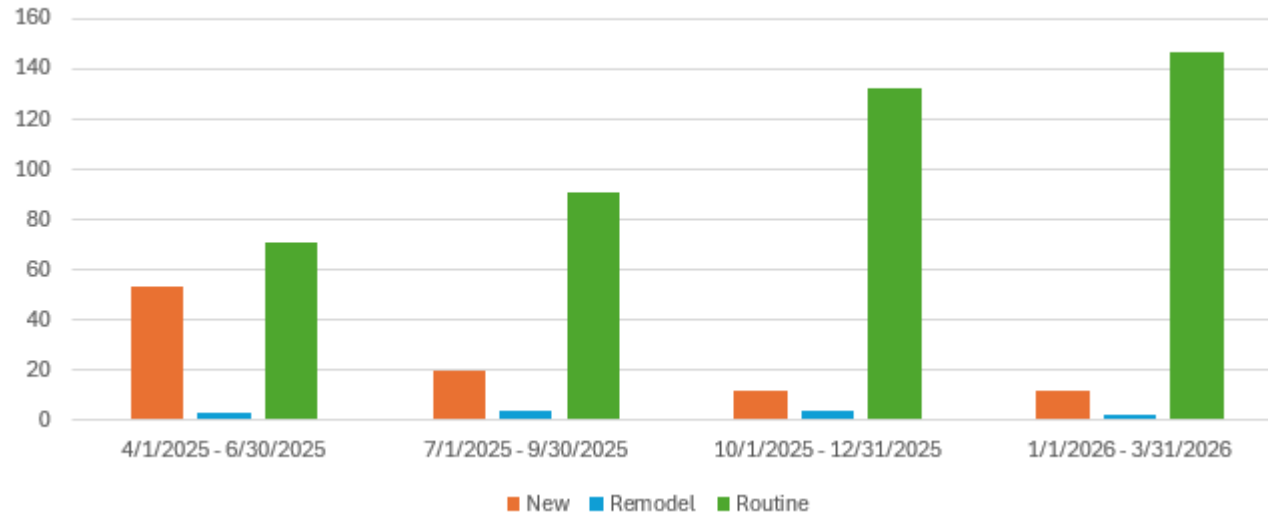
Routine Inspection Results - 1/1/2026 – 3/31/2026

License Type	Deficiency	Deficiency & IPHCO	No Deficiency	Grand Total
Business CSR	151		90	241
Wholesale Distributor	8		6	14
Medical Equipment Supplier	25		25	50
Pharmacy	57	58	90	205
Physician Selling Drugs Location	6		6	12
Warehouser	14		22	36
Grand Total	261	58	239	558

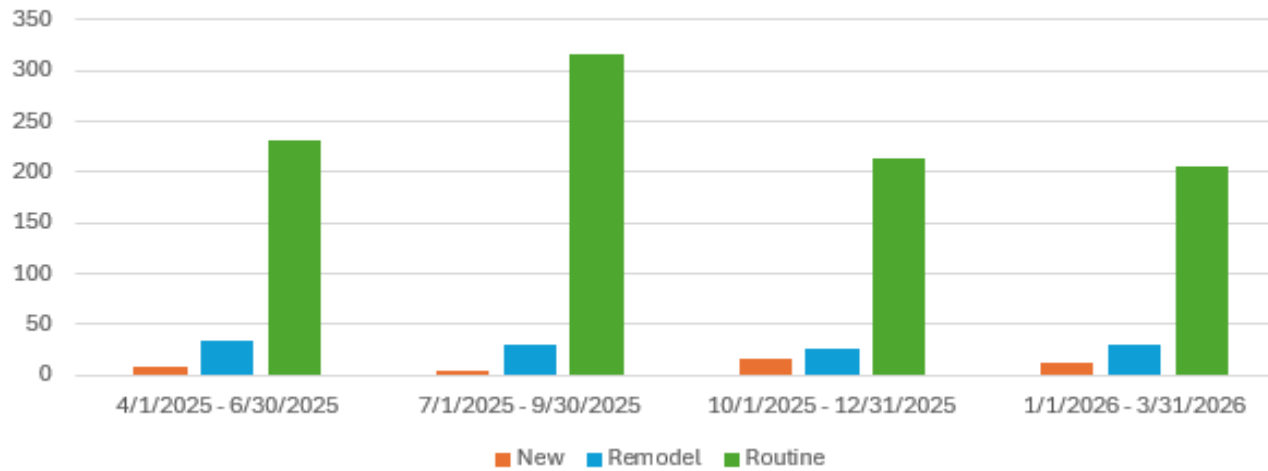
Routine Pharmacy Inspection Results



CSR Inspections Performed



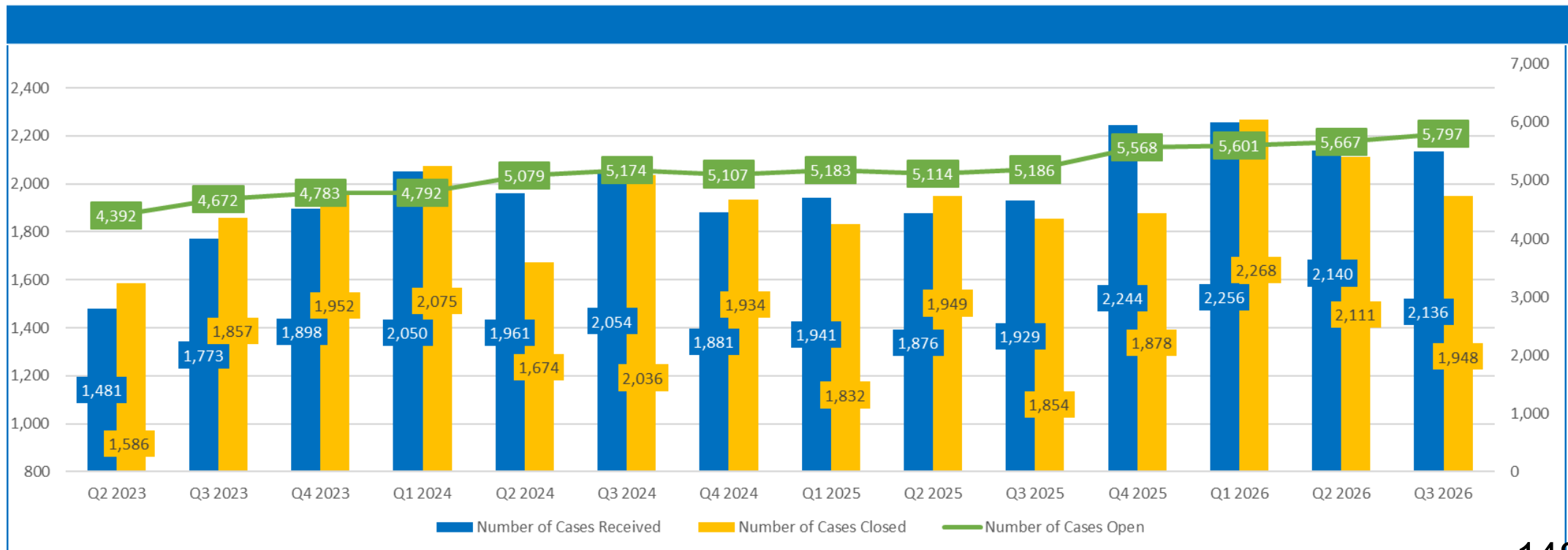
Pharmacy Inspections Performed



Cases Received, Open & Closed Agency Summary Quarter 3 – Fiscal Year 2026

The “Received, Open, Closed” table below shows the number of received and closed cases during the quarters specified and a “snapshot” of the cases still open at the end of the quarter.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30



Cases Received, Open & Closed
Agency Summary
Quarter 3 – Fiscal Year 2026

The “Received, Open, Closed” table below shows the number of received and closed cases during the quarters specified and a “snapshot” of the cases still open at the end of the quarter.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

														CURRENT	
		Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Q3 2026
Pharmacy	Number of Cases Received	210	204	249	206	179	204	172	174	167	200	229	202	183	211
	Number of Cases Open	437	384	442	390	372	383	348	321	310	341	372	335	325	371
	Number of Cases Closed	214	288	220	257	199	195	210	200	179	174	207	241	206	165
Physical Therapy	Number of Cases Received	13	10	4	10	27	10	9	18	15	16	15	28	16	19
	Number of Cases Open	34	36	35	31	55	52	33	39	46	48	55	69	73	68
	Number of Cases Closed	18	8	5	14	4	15	29	12	9	15	8	14	10	24
Psychology	Number of Cases Received	18	22	31	39	35	32	45	46	41	28	37	40	34	38
	Number of Cases Open	169	174	172	167	157	154	159	170	167	154	150	165	166	176
	Number of Cases Closed	16	24	49	44	43	37	40	35	43	42	50	27	37	28

Virginia Department of Health Professions

David E. Brown, D.C.

Patient Care Disciplinary Case Processing Times (with Continuance Days): Quarterly Performance Measurement, Q3 2022 - Q3 2026

Director

"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."
DHP Mission Statement

In order to uphold its mission relating to discipline, DHP continually assesses and reports on its disciplinary case processing performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement; these three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload. The following pages show the KPMs by board, listed in order by received caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying case volumes. This report includes the number of days that a case was in the continuance activity.

Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct.

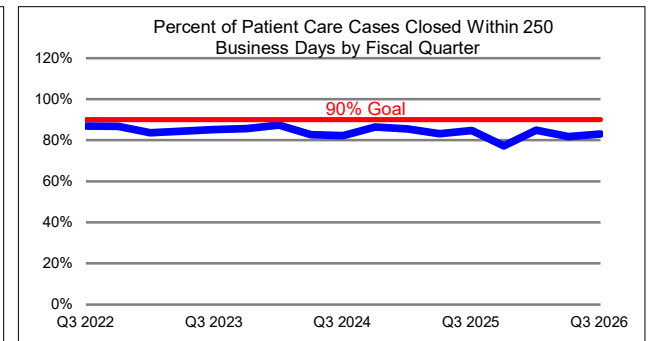
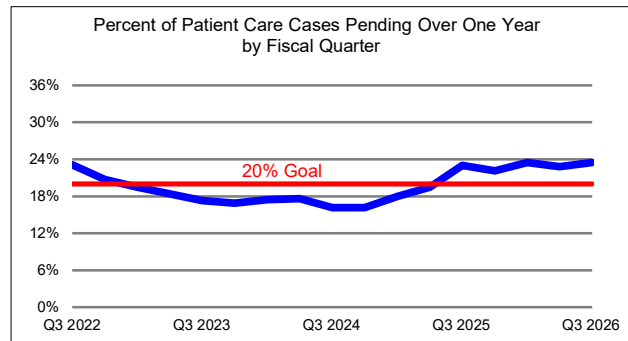
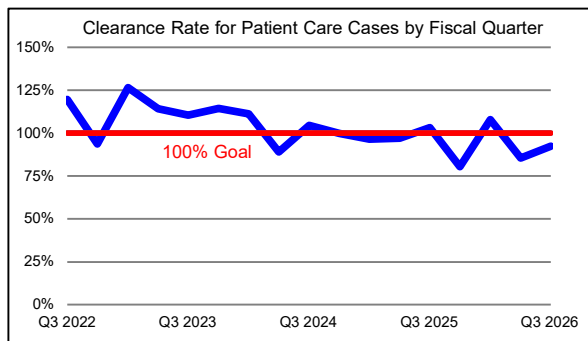
Age of Pending Caseload - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 250 business days at no more than 20%.

Time to Disposition - the percent of patient care cases closed within 250 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 250 business days.

The current quarter's clearance rate is 92%, with 1,379 patient care cases received and 1,273 closed.

The current quarter shows 23% patient care cases pending over 250 business days, with 980 of the 4,172 patient care cases pending over 250 business days.

The current quarter shows 83% of patient care cases being resolved within 250 business days, with 1,003 of the 1,208 cases closed within 250 business days.



Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days), by Board

Medicine

Clearance Rate: 81%

437 Cases Received
352 Cases Closed

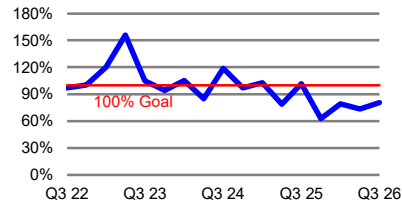
Pending Caseload: 12%

97 cases out of 840 are pending over 250 Days

Time to Disposition: 99%

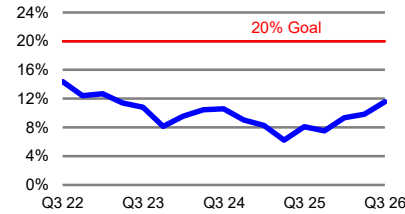
343 cases out of 348 were closed within 250 Days

Clearance Rate

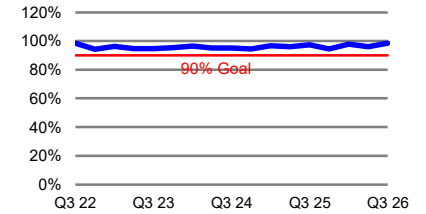


Age of Pending Caseload

(percent of cases pending over one year)



Time to Disposition



Dentistry

Clearance Rate: 68%

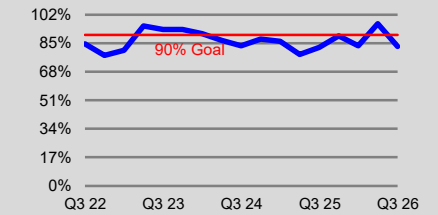
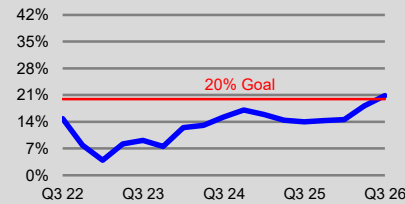
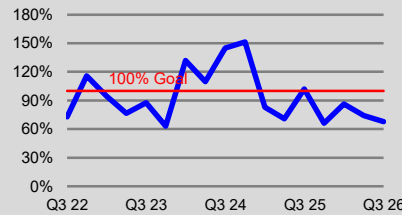
124 Cases Received
84 Cases Closed

Pending Caseload: 21%

106 cases out of 506 are pending over 250 Days

Time to Disposition: 83%

69 cases out of 83 were closed within 250 Days



Pharmacy

Clearance Rate: 69%

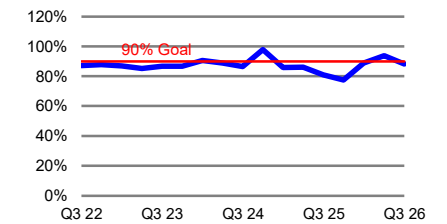
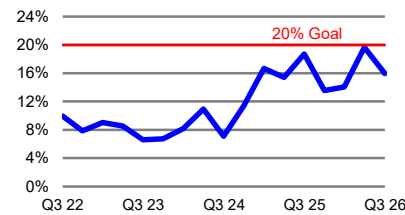
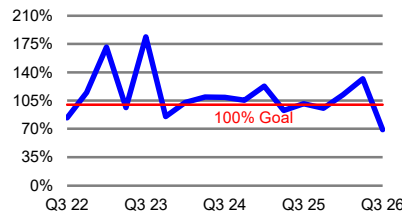
100 Cases Received
69 Cases Closed

Pending Caseload: 16%

36 cases out of 226 are pending over 250 Days

Time to Disposition: 88%

59 cases out of 67 were closed within 250 Days



Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Note: If no cases are received and some cases are closed, we assign 100% as clearance rate

Virginia Department of Health Professions

David E. Brown, D.C.

Patient Care Disciplinary Case Processing Times (with Continuance Days): Quarterly Performance Measurement, Q3 2022 - Q3 2026

Director

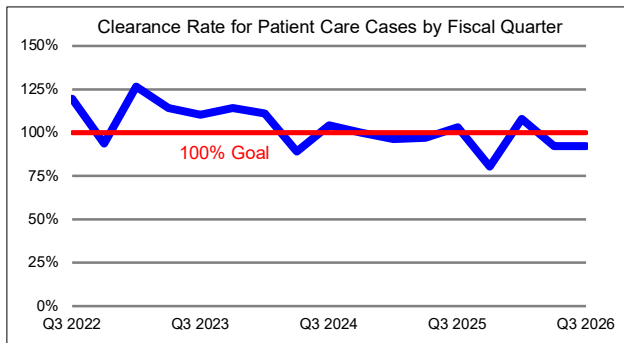
"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."

DHP Mission Statement

In order to uphold its mission relating to discipline, DHP continually assesses and reports on its disciplinary case processing performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement; these three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload. The following pages show the KPMs by board, listed in order by received caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate case volumes. This report includes the number of days that a case was in the continuance activity.

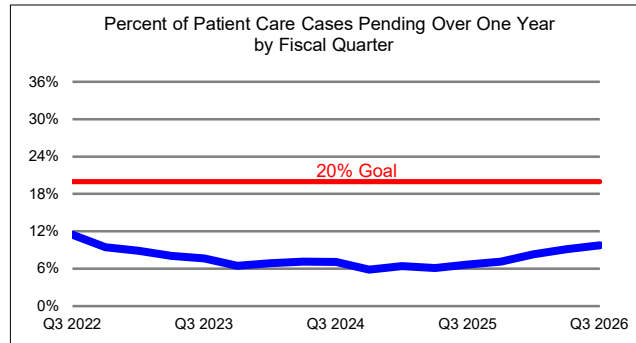
Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct.

The current quarter's clearance rate is 92%, with 1,379 patient care cases received and 1,273 closed.



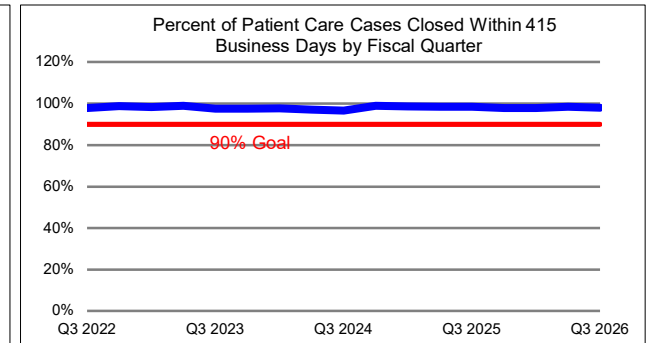
Age of Pending Caseload - the percent of open patient care cases over 415 business days old. This measure tracks the backlog of patient care cases older than 415 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 415 business days at no more than 20%.

The current quarter shows 10% patient care cases pending over 415 business days, with 408 of the 4,172 patient care cases pending over 415 business days.



Time to Disposition - the percent of patient care cases closed within 415 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 415 business days.

The current quarter shows 98% of patient care cases being resolved within 415 business days, with 1,184 of the 1,208 cases closed within 415 business days.



Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days), by Board

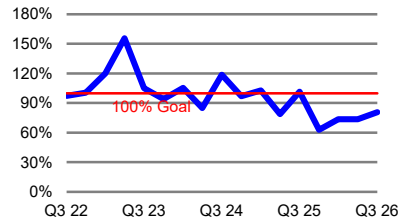
Medicine

Clearance Rate: 81%
 437 Cases Received
 352 Cases Closed

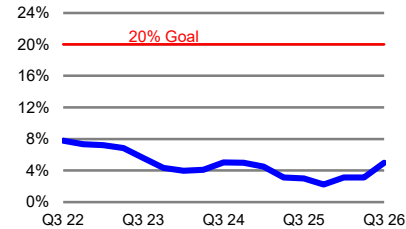
Pending Caseload Over 415 Days: 5%
 42 cases out of 840 are pending over 415 Days

Time to Disposition Within 415 Days: 100%
 347 cases out of 348 were closed within 415 Days

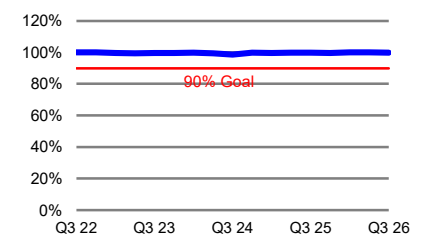
Clearance Rate



Age of Pending Caseload
 (percent of cases pending over one year)



Time to Disposition

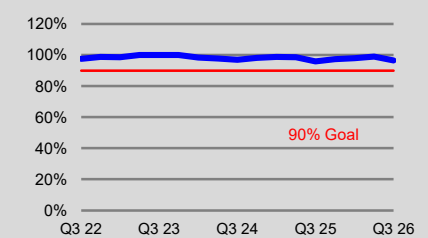
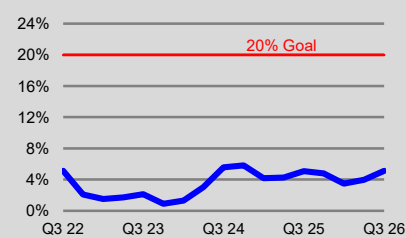
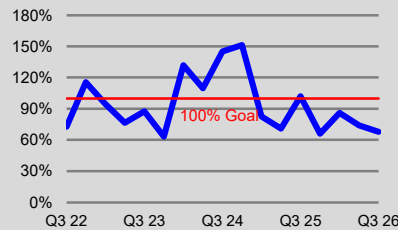


Dentistry

Clearance Rate: 68%
 124 Cases Received
 84 Cases Closed

Pending Caseload Over 415 Days: 5%
 26 cases out of 506 are pending over 415 Days

Time to Disposition Within 415 Days: 96%
 80 cases out of 83 were closed within 415 Days

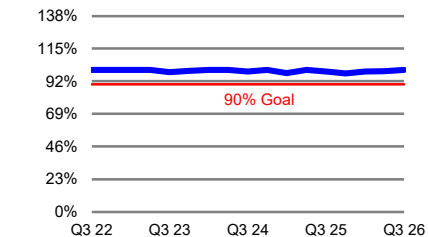
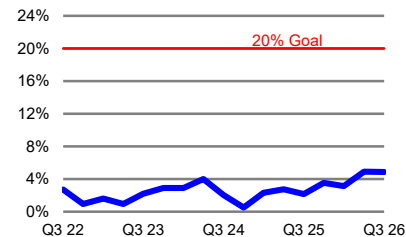
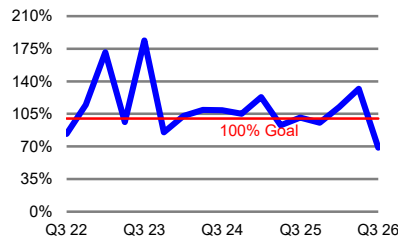


Pharmacy

Clearance Rate: 69%
 100 Cases Received
 69 Cases Closed

Pending Caseload Over 415 Days: 5%
 11 cases out of 226 are pending over 415 Days

Time to Disposition Within 415 Days: 100%
 67 cases out of 67 were closed within 415 Days



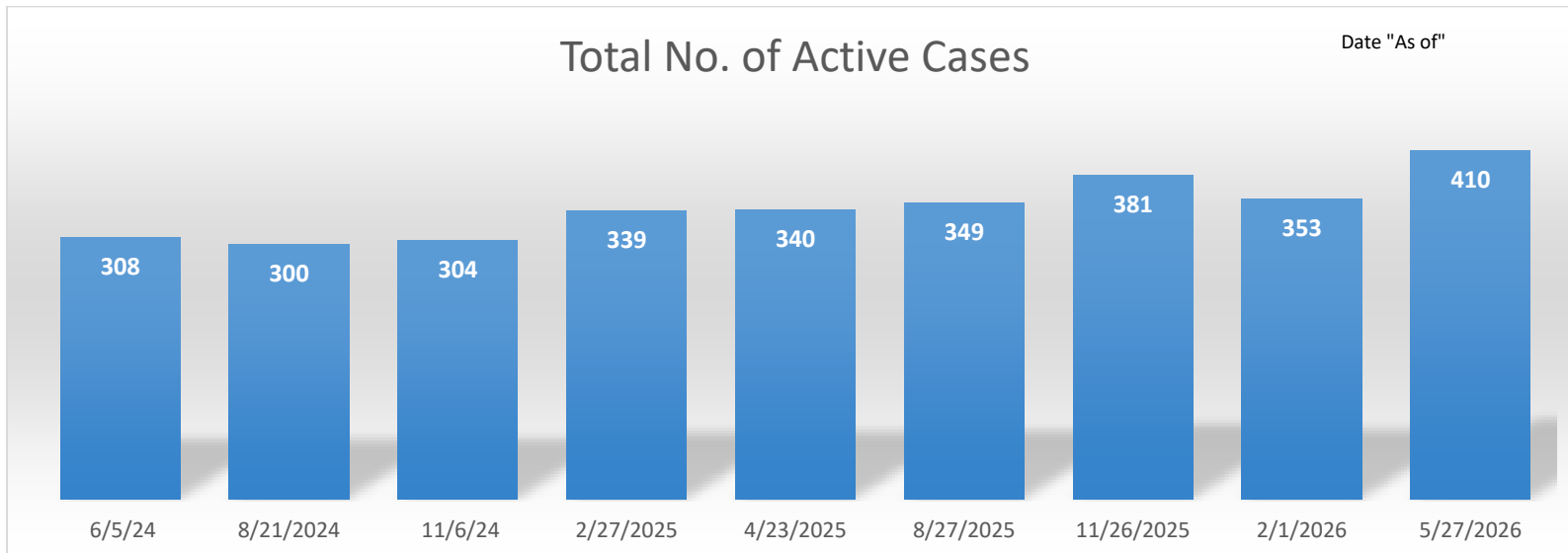
Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

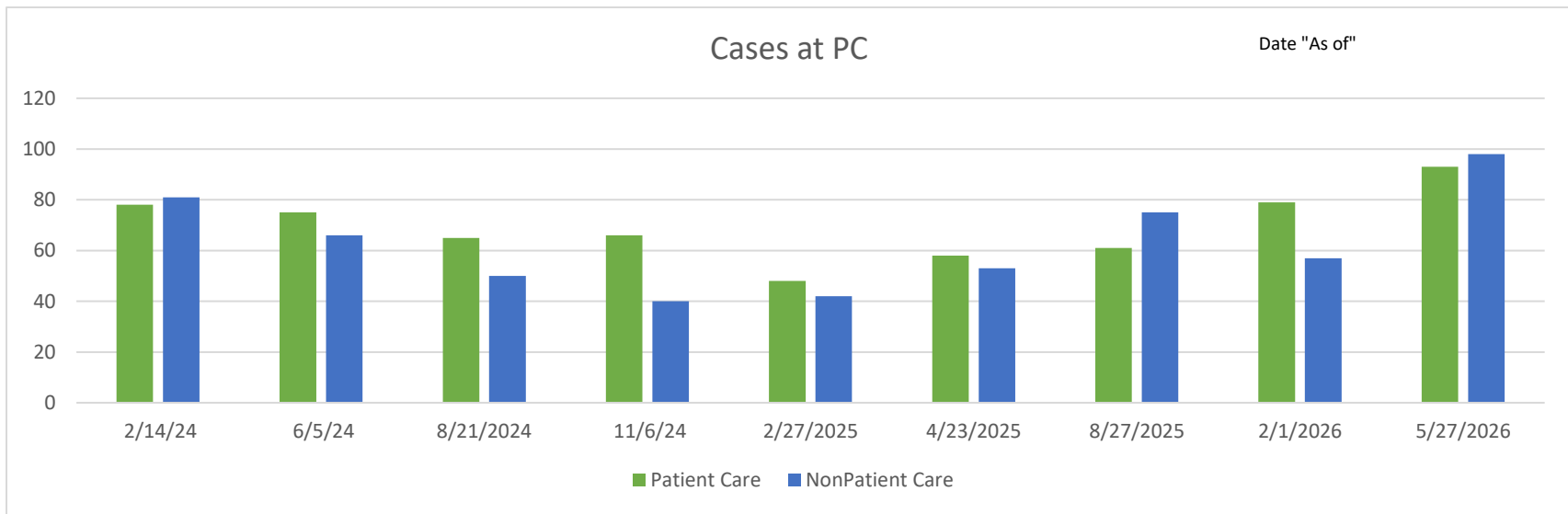
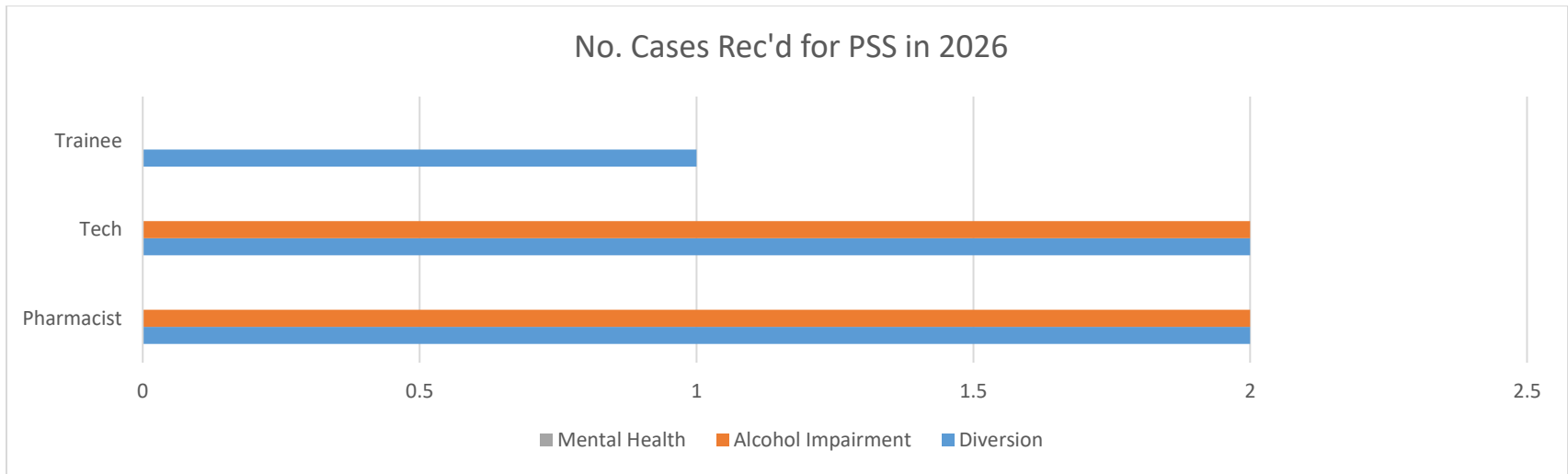
Note: If no cases are received and some cases are closed, we assign 100% as clearance rate

Discipline Program Report

Open Cases as of 5/27/26:

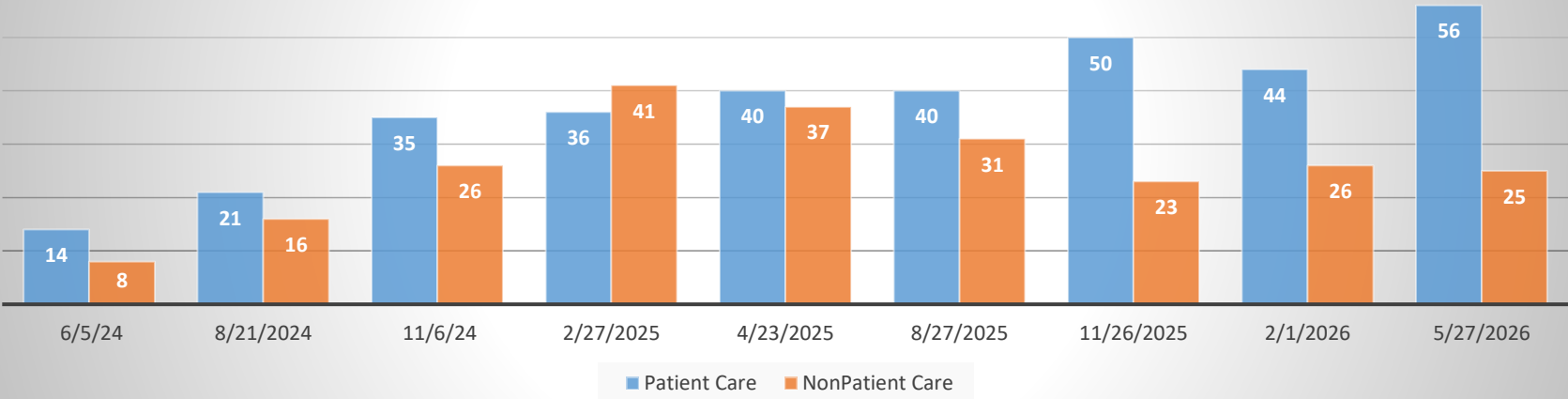
	PC	APD	Investigation	FH	IFC	Other	Pending Closure	Entry	TOTALS
Patient Care Cases	93	56	72	6	6	0	0	7	240
Non-Patient Care Cases	98	25	23	3	6	1	13	1	170
								TOTAL:	410





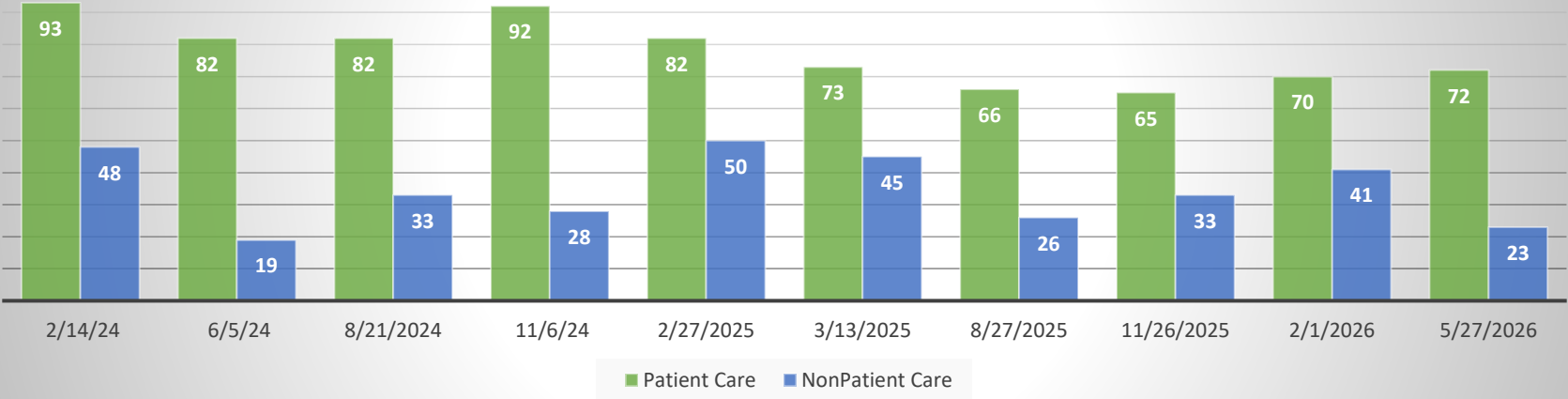
Cases at APD

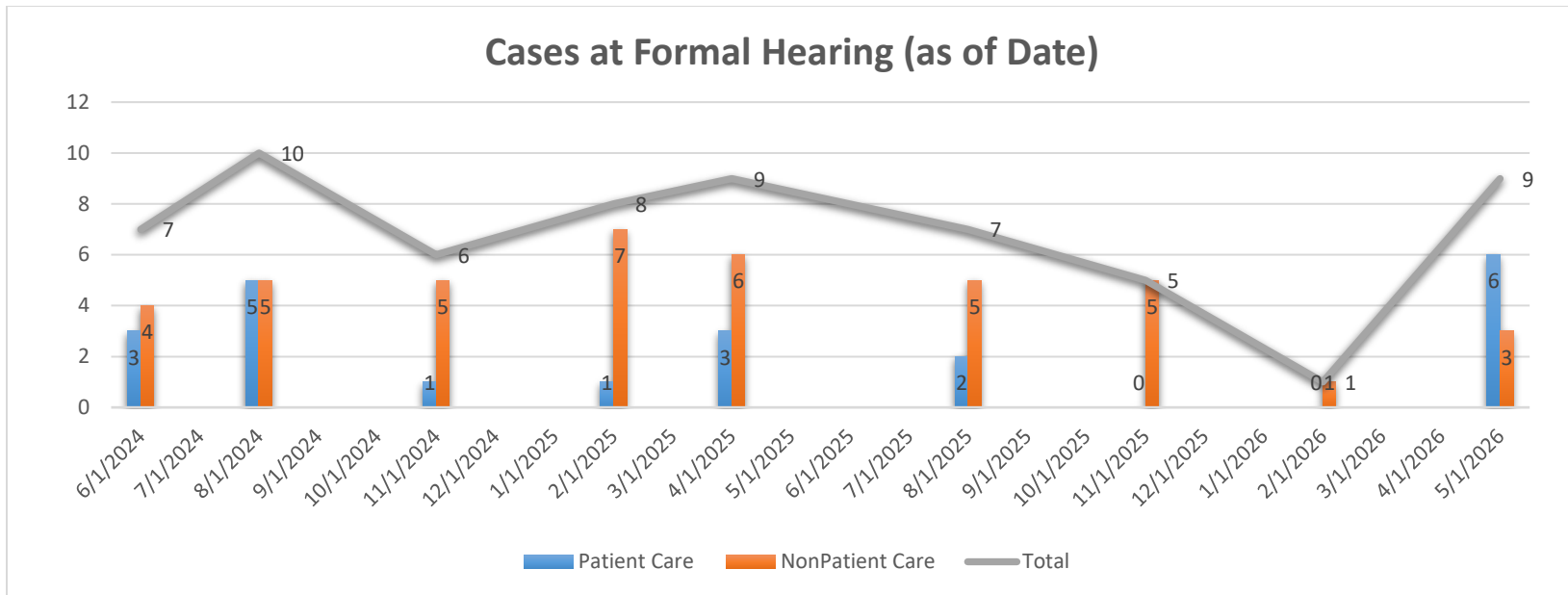
Date "As of"



Cases at Inv

Date "As of"





Upcoming Disciplinary Proceedings		
June 17, 2026	Agency Subordinate	Informal Conferences
June 24, 2026	Yuan/Richards-Spruill	Informal Conferences
July 7, 2026	Full Board	Formal Hearings
July 8, 2026	Kale/TBD	Informal Conferences
July 14, 2026	Dowdy/Wilgus	Informal Conferences
August 4, 2026	Agency Subordinate	Informal Conferences
August 11, 2026	Full Board	Formal Hearings
August 19, 2026	TBD	Informal Conferences
September 1, 2026	Ratliff/Kale	Informal Conferences
September 2, 2026	Kocot/Dowdy	Pilot Committee
September 9, 2026	Dowdy/Wilgus	Informal Conferences
September 15, 2026	Full Board	Full Board Meeting/Formal Hearings

Innovative Pilot Programs

Informal Conference meeting: January 20, 2026

- Approved “Pharmacist Remote Verification Pilot Program” for OTP Pinnacle (10 locations)
- Denied “Utilization of Starter Packs for Emergency Department Medication Dispensing” for Sentara Leigh Hospital

Other decisions:

- Approved w/o convening SCC: Remote OTP Pharmacist and Dose Verification City of Alexandria
- Approved w/o convening SCC: PROOF OTP remote pharmacist verification increased from six to ten locations

New Applications: None

Executive Director's Report – June 16, 2026

In-person or Virtual Meetings Attended Since March Board Meeting:

- ❖ Monthly Interagency Standing Meeting, DHP Executive Directors Meeting, DHP Executive Leadership Meeting
- ❖ Forensic Science Board Meeting
- ❖ NABP .Pharmacy Executive Board meeting
- ❖ NABP Annual Meeting, Boston
- ❖ DEA/Board Inspection Overview, Abingdon (Inspector Richardson, Juran)

Upcoming In-person or Virtual Meetings:

- ❖ Monthly Interagency Standing Meeting, DHP Executive Directors Meeting, DHP Executive Leadership Meeting
- ❖ Forensic Science Board Meeting
- ❖ NABP Monthly Executive Officers' Call
- ❖ FDA 14th Annual Intergovernmental Meeting on Drug Compounding

Consideration of Agency Subordinate Recommendations

1	Tiffany White, Pharmacy Technician
2	Raj Narla, Pharmacist

----- Forwarded message -----

From: **Larry Kocot** <lkocot05@gmail.com>

Date: Sun, Jun 7, 2026, 3:26 PM

Subject: Bylaw amendments to be considered on June 16th

To: Larry Kocot <lkocot05@gmail.com>

Board Member colleague:

On behalf of Dr. Derek Webb, Chairman of the Ad Hoc Committee of Bylaws, I enclose a redlined draft (as well as a clean draft) of amendments to the bylaws of the Virginia Board of Pharmacy, that will be considered at our meeting on June 16th.

At the March 17, 2026 meeting of the ad hoc Committee on Bylaws, the Committee reached consensus to recommend several notable changes to the bylaws of the Board:

1. Article I - Change the organizational year from July 1-June 30 to January 1-December 31.
2. Article II- (A) Further define the role of chairman; (B) change the bylaws to have 2 Vice Chairmen; and, (E) create a formal mechanism to provide feedback on the performance of the Executive Director.
3. Article III- clarify role of Chairman in setting the Board agenda (note similar clarifying edit to Article II(E) on coordination on correspondence and delegated responsibilities as well).
4. Article IV - Strike Item Review Committee; change membership of Special conference and Pilot committees to reflect the statutory provision.
5. Article V - Delete the General Delegation of Authority and provide for an annual delegation of authority.
6. Article VI - strike provision allowing staff to propose amendment to the Board bylaws.

This draft reflects the consensus of the ad hoc Committee with a few notable additions: (1) in changing the "operational year" from July 1- June 30, the new terms of officers will be January 1-December 31, so we had to solve for transition. The emerging consensus seems to be extending current officer terms until December, rather than to hold an election in June and then again in December. If this amendment to the bylaws passes at the June meeting, we will hold officer elections in December; (2) the duties of the Vice Chairs have been fleshed out a bit to provide more detail on responsibilities; and, (3) in order to transition to an annual delegation of general authority, the draft bylaws establish a new standing committee, the Delegation and Bylaws Committee, to draft and present the Annual Delegation resolution/motion to the full board for consideration. This is an important process and function, and this seemed like a logical path for the board to follow to consider and pass this important annual delegation. You will note other minor detail additions and clean-up edits that should not be controversial.

At the Board meeting on June 16th, the Chairman of the Ad hoc Committee will present the amendments to the bylaws to the Board for adoption pursuant to Article VI of the bylaws of the Board currently in effect.

I want to thank Dr. Webb and the members of the ad hoc Committee for their time and thoughtful consideration of amendments to the Board bylaws. Please reach out to Dr, Webb (dweebun@gmail.com or (246)791-0284) or me if you have any questions or concerns. We look forward to seeing you on the 16th!

Best,

Larry Kocot
Chairman

BYLAWS OF THE VIRGINIA BOARD OF PHARMACY

ARTICLE I: GENERAL

The organizational year for the Board shall be from ~~July 1st~~ January 1 through ~~June 30th~~ December 31st. At the last ~~scheduled Board~~ meeting before ~~January 1~~ July 1, the Board shall elect from its members, a chairman and ~~two a-~~ vice chairmen~~en~~. The term of office shall be one year and shall begin on ~~January 1~~ July 1. Upon adoption of these bylaws, the terms of the current chairman and vice chairman shall be extended, and they shall continue to serve in those roles until the next election. A person shall not serve as chairman or vice chairman for more than two full consecutive terms.

For purposes of these Bylaws, the Board schedules full ~~B~~board meetings four times a year, with the right to change the dates, schedule additional meetings as needed, or cancel any ~~B~~board meeting, with the exception that one meeting shall take place annually. Board members shall attend all ~~b~~Board meetings in person, unless prevented by illness or similar unavoidable cause or unless permitted to attend remotely pursuant to Virginia Code § 2.2-3708.3. -A majority of the members of the Board present shall constitute a quorum for the transaction of business. The current edition of Robert's Rules of Order, revised, shall apply unless overruled by law, regulation, or these bylaws, or when otherwise agreed.

ARTICLE II: OFFICERS OF THE BOARD

- A. The officers of the Board shall be the chairman and ~~two the~~ vice chairmen~~en~~.
- B. The chairman ~~shall approve the agenda and~~ presides at all meetings and formal administrative hearings in accordance with parliamentary rules and the Administrative Process ~~Act, and~~ Act and requires adherence of same on the part of the ~~B~~board members. The chairman shall appoint all committees unless otherwise ordered by the Board. The chairman shall act as the chief representative and spokesperson for the Board between meetings and shall perform all functions pertaining to the position of chairman. The chairman or his/her designee shall act as the representative of the Board to the Department of Health Professions and any other outside organization that requires Board representation. The chairman may call for additional meetings of the Board pursuant to Article I of these bylaws.
- ~~C.~~ C. There shall be ~~two~~ vice chairmen~~en~~ elected from the membership of the Board: (1) The first vice chairman shall act as chairman in the absence of the chairman. Additionally, the first vice chairman will serve on the Regulation and Pilot Committees. (2) The second vice chairman shall chair a Special Conference Committee and shall work with the chairman to organize and appoint members and chairs of Special Conference Committees. In the event of the absence of a Board member from a Special Conference, the second vice chairman shall be responsible for filling the vacancy if an alternative is not available. The second vice chairman shall be responsible for monitoring the operations of the Special Conference Committee process and shall report to the chairman on the efficiency and effectiveness of the Special Conference process. ~~shall act as chairman in the absence of the chairman.~~
- ~~E.~~ D. In the absence, or inability to serve, of both the chairman and ~~the first~~ vice chairman, second vice chairman shall preside at the meeting and/or formal administrative hearing. In the absence of both the first and second vice chairmen, the chairman shall appoint another ~~B~~board member to preside at the meeting and/or formal administrative hearing.
- ~~F.~~ E. Pursuant to Virginia Code § 54.1-3305, there shall be an executive director for the Board of Pharmacy who shall be licensed or eligible for licensure in the Commonwealth as a pharmacist. The executive director shall be the custodian of all Board records and all papers of value. She/he shall preserve a correct list of all applicants and licensees. Coordinating with the chairman, She/he shall manage the correspondence of the Board, and shall perform

all such other duties as assigned or delegated by the Board or that may reasonably naturally pertain to this position. No less than annually, the chairman shall solicit feedback from the members of the Board on the performance of the executive director. Board feedback on the performance of the executive director shall be shared by the chairman of the Board with the Director of the Department of Health Professions.

ARTICLE III: ORDER OF BUSINESS MEETINGS

The order of business shall be as follows:

1. Call to order with statement made for the record of how many Bboard members are present and that it constitutes a quorum.
2. Approval of Agenda
3. Public comment received
4. Approval of Minutes
5. The remainder of the agenda may be established by the executive director after consultation and approval by the chairman. shall be established by the executive director, in consultation with the chairman.

ARTICLE IV: COMMITTEES

A. There shall be the following standing committees:

Special Conference Committees
 Inspection Special Conference Committee
~~Item Review Committee~~
 Regulation Committee
 Pilot Committees
Delegation and Bylaws Committee

1. Special Conference Committees. These committees shall consist of not less than two Bboard members who shall review information regarding alleged violations of the pharmacy laws and regulations and determine if probable cause exists to proceed with possible disciplinary action. A special conference committee may also review information regarding a non-routine applicant for whom there may be cause to deny or restrict and may issue a final Order to grant or deny the application or to issue a license, registration or permit with terms and conditions. The special conference committees shall meet as necessary to adjudicate cases in a timely manner in accordance with agency standards for case resolution. The chairman may designate Bboard members as alternates on these committees in the event one of the standing committee members is unable to attend for all or part of a scheduled conference date. The chairman shall appoint committees as needed to expedite the adjudication of cases.

~~2. Item Review Committee. This committee shall consist of at least six pharmacists, to include one board member and the executive director, holding current and unrestricted licenses to practice pharmacy in the Commonwealth of Virginia. The Item Review Committee shall meet as required for the purpose of approving content to assembly the Virginia Multistate Pharmacy Jurisprudence Examination (MPJE) form(s) which shall be accomplished through writing, reviewing, and selecting items for the VA MPJE item pool.~~

3.2. Regulation Committee. This committee shall consist of five Board members. The Board delegates to the Regulation Committee the authority to consider and respond to petitions for rulemaking. This committee is responsible for the development of proposals for new regulations or amendments to existing regulations with all required accompanying documentation; the development of proposals for legislative initiatives of the Board; the drafting of Board responses to public comment as required in conjunction with rulemaking; conducting the required review of all existing regulations as required by the Board's Public Participation Guidelines and any Executive Order of the Governor, and any other required tasks related to regulations. In accordance with the Administrative Process Act, any proposed draft regulation and response to public comment shall be reviewed and approved by the full Board prior to publication.

3. Pilot Committees. These committees shall consist of **not less than** two board members who review applications for approval of innovative programs and any matters related to such programs.

4. Delegation and Bylaws Committee. This committee shall consist of the chairman, first vice chairman and two (2) other members of the Board appointed by the chairman who shall prepare and present to the Board the annual resolution for the annual general delegation of its authority ("Annual General Delegation of Authority"). The committee shall meet and complete its work no less than three (3) weeks prior to the last Board meeting of the year. Additionally, the committee shall consider and report to the Board on any proposed amendments to the bylaws that may be recommended to the Board for consideration at the last Board meeting for the organizational year.

B. Ad Hoc Committees.

The chairman shall also name such other committees as may be deemed necessary.

C. A majority of a committee shall constitute a quorum and the act of a majority of the members present at a meeting at which a quorum is present shall constitute the act of the committee.

ARTICLE V: ANNUAL GENERAL DELEGATION OF AUTHORITY

~~At the last meeting of the Board prior to the start of the organizational year that begins on January 1, the Board shall consider and pass by a majority vote of a quorum of the Board, a resolution for the Annual General Delegation of its Authority. delegates the following functions: The resolution for the Annual General Delegation of Authority shall be prepared and presented to the Board by the Delegation and Bylaws Committee. Upon passage of a motion of approval by the Board, the Annual General Delegation of Authority shall be effective for the next organizational year (January 1 - December 31). The Annual General Delegation of Authority shall be effective for one year and must be renewed annually by the Board in accordance with these bylaws. In the event of an emergency or natural disaster that prevents the Board from meeting to consider and pass the Annual General Delegation of Authority for the new organizational year, the chairman is authorized by the Board to extend the Annual General Delegation of Authority of the previous year, until the Board can meet to consider and pass the Annual General Delegation of Authority for the new organizational year. No authority, responsibility, or privilege of the Board may be delegated unless it is expressly authorized by the Board in its Annual General Delegation of Authority.~~

The General Delegation of Authority included in Article V of the bylaws, effective November 12, 2020, shall remain in full force and effect until its expiration on December 31, 2026.

- ~~1. The Board delegates to Board staff the authority to issue and renew licenses, permits, registrations and certificates where minimum qualifications have been met.~~
- ~~2. The Board delegates to the executive director the authority to reinstate licenses, permits, registrations and certificates when the reinstatement is due to the lapse of the license, permit, registration or certificate and not due to Board disciplinary action.~~
- ~~3. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of Board business, to include, but not be limited to, licensure applications, renewal forms and documents used in the disciplinary process.~~
- ~~4. The Board delegates to the Department of Health Professions' inspectors the authority to issue summaries of inspection deficiencies upon completion of an inspection, and the Board delegates to the executive director the authority to issue letters regarding reported deficiencies to the facilities or licensee.~~
- ~~5. The Board delegates to the executive director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.~~
- ~~6. The Board delegates to the executive director, who may consult with a special conference committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.~~
- ~~7. The Board delegates to the executive director, in consultation with the chairman, the review and approval of applications for special or limited use pharmacy permits. If the executive director and chairman do not reach consensus regarding the issuance of a permit, or if the requested waivers are unusual or different from those routinely approved, the review and approval may be referred to an informal conference committee.~~
- ~~8. The Board delegates to the executive director, in consultation with the chairman, the review and approval, in accordance with regulations, for exceptions to the notice requirements for pharmacies going out of business and for exceptions to notice requirements for pharmacies changing hours of business for more than one week. Should the executive director and the chairman not reach consensus, or if the request for exception is unusual or questionable, the review and approval may be referred to a special conference committee.~~
- ~~9. The Board delegates to the executive director the authority to grant extensions for continuing education on a one-time basis upon written request of the licensee prior to the renewal date in accordance with regulations. Approval of any request for an extension where the licensee must show good cause or approval of any request for an exemption is delegated to the executive director in consultation with the chairman. Should the executive director and chairman not reach agreement, the matter shall be referred to a special conference committee.~~
- ~~10. The Board delegates to the chairman, the authority to represent the Board in instances where Board "consultation" or "review" may be requested, but where a vote of the Board is not required and a meeting is not feasible.~~
- ~~11. The Board delegates the approval of continuing education programs to the executive director in consultation with one member of the Board.~~

- ~~12. The Board delegates the convening of a quorum of the Board by telephone conference call, for the purpose of considering the summary suspension of a license in accordance with § 54.1-2408.1, to the executive director or deputy executive director. The Board delegates the convening of a meeting by telephone conference call, for the purpose of considering settlement proposals in accordance with § 54.1-2400 (13), to the executive director or deputy executive director. The Board delegates the determination of probable cause for disciplinary action to a special conference committee of the Board, wherein the committee may offer a confidential consent agreement, offer a pre-hearing consent order, cause the scheduling of an informal conference, request additional information, or close the case. The Board further delegates the determination of probable cause, for the purpose of offering a confidential consent agreement or a pre-hearing consent order or for scheduling an informal conference in accordance with established Board guidelines, to the executive director or deputy executive director.~~
- ~~13. The Board delegates to the chairman, or the vice chairman in his absence, the approval of waivers in declared disasters or states of emergency in accordance with § 54.1-3307.3.~~
- ~~14. The Board delegates to the executive director, in accordance with § 54.1-3434.1(A)(2), the authority to accept an inspection report or other documentation for a non-resident pharmacy from an entity that may not be listed on the Board's guidance document, or to request an inspection by an agent of the Board.~~
- ~~15. The Board delegates to the executive director the authority to grant an accommodation of additional testing time, up to a maximum of double time, to candidates for Board required examinations pursuant to the Americans with Disabilities Act provided the candidate provides documentation that supports such an accommodation as required by Board regulation or guidance document. Any other requests for accommodation beyond additional testing time shall be reviewed by the Board at the next available Board meeting.~~
- ~~16. The Board delegates to the executive director, in consultation with the chairman, the authority to review and approve applications for limited use practitioner of the healing arts to sell controlled substances licenses. A waiver of the square footage requirement for the controlled substances selling and storage area may be provided. Additionally, a waiver of the security system may be provided when storing and selling multiple strengths and formulations of no more than five different topical Schedule VI drugs intended for cosmetic use.~~
- ~~17. The Board delegates to the executive director, in consultation with the chairman, the ability to approve or deny a request for an exception to the two-year pharmacist eligibility requirement to serve as the pharmacist in charge, with the ability for the applicant to request an informal conference if denied.~~

ARTICLE VI: AMENDMENTS

Amendments to these Bylaws may be proposed by a ~~B~~board member ~~or staff personnel~~ by presenting the amendment in writing to the Delegation and Bylaws Committee or to all Board members prior to any scheduled meeting of the Board. Upon favorable vote of at least two-thirds of the Board members present at said meeting, such proposed amendment shall be adopted. If notice is given to the Board members at the previously held board meeting, a favorable vote of a majority of the Board members present at the current board meeting is required to adopt the amendment. Any amendment of these bylaws shall become effective upon passage by the Board and any preexisting Guidance Document that is inconsistent with any such amendment shall be null and void.

Effective Date: ~~July 1, 1997~~ June 16, 2026

Latest revision: ~~September 9, 2020~~ June 16, 2026

Main document changes and comments

Page - 1 -: Deleted	Larry Kocot	5/17/2026 4:19:00 PM
July 1 st		
Page - 1 -: Formatted	Larry Kocot	5/17/2026 4:19:00 PM
Superscript		
Page - 1 -: Added	Larry Kocot	5/17/2026 4:19:00 PM
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scheduled Board		
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January 1		
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July 1		
Page - 1 -: Added	Larry Kocot	5/20/2026 4:01:00 PM
Upon adoption of these bylaws, the terms of the current chairman and vice chairman shall be extended, and they shall continue to serve in those roles until the next election.		
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[or unless permitted to attend remotely pursuant to Virginia Code § 2.2-3708.3.](#)

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The chairman shall act as the chief representative and spokesperson for the Board between meetings and shall perform all functions pertaining to the position of chairman. The chairman or his/her designee shall act as the representative of the Board to the Department of Health Professions and any other outside organization that requires Board representation. The chairman may call for additional meetings of the Board pursuant to Article I of these bylaws.		
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elected from the membership of the Board: (1) The first vice chairman shall act as chairman in the absence of the chairman. Additionally, the first vice chairman will serve on the Regulation and Pilot Committees. (2) The second vice chairman shall chair a Special Conference Committee and shall work with the chairman to organize and appoint members and chairs of Special Conference Committees. In the event of the absence of a Board member from a Special Conference, the second vice chairman shall be responsible for filling the vacancy if an alternative is not available. The second vice chairman shall be responsible for monitoring the operations of the Special Conference Committee process and shall report to the chairman on the efficiency and effectiveness of the Special Conference process.

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shall act as chairman in the absence of the chairman.

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second vice chairman shall preside at the meeting and/or formal administrative hearing. In the absence of both the first and second vice chairmen,

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E. Pursuant to Virginia Code § 54.1-3305, there shall be an executive director for the Board of Pharmacy who shall be licensed or eligible for licensure in the Commonwealth as a pharmacist.

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assigned or delegated by the Board or that may reasonably

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No less than annually, the chairman shall solicit feedback from the members of the Board on the performance of the executive director. Board feedback on the performance of the executive director shall be shared by the chairman of the Board with the Director of the Department of Health Professions.

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may be established by the executive director after consultation and approval by the chairman.

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shall be

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in consultation with the chairman.		
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Item Review Committee		
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Delegation and Bylaws Committee		
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Item Review Committee. This committee shall consist of at least six pharmacists, to include one board member and the executive director, holding current and unrestricted licenses to practice pharmacy in the Commonwealth of Virginia. The Item Review Committee shall meet as required for the purpose of approving content to assembly the Virginia Multistate Pharmacy Jurisprudence Examination (MPJE) form(s) which shall be accomplished through writing, reviewing, and selecting items for the VA MPJE item pool.		
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Delegation and Bylaws Committee. This committee shall consist of the chairman, first vice chairman and two (2) other members of the Board appointed by the chairman who shall prepare and present to the Board the annual resolution for the annual general delegation of its authority (“Annual General Delegation of Authority”). The committee shall meet and complete its work no less than three (3) weeks prior to the last Board meeting of the year. Additionally, the committee shall consider and report to the Board on any proposed amendments to the bylaws that may be recommended to the Board for consideration at the last Board meeting for the organizational year.

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At the last meeting of the Board prior to the start of the organizational year that begins on January 1,

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shall consider and pass by a majority vote of a quorum of the Board, a resolution for the Annual General Delegation of its Authority.

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delegates the following functions:

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The resolution for the Annual General Delegation of Authority shall be prepared and presented to the Board by the Delegation and Bylaws Committee. Upon passage of a motion of approval by the Board, the Annual General Delegation of Authority shall be effective for the next organizational year (January 1 -December 31). The Annual General Delegation of Authority shall be effective for one year and must be renewed annually by the Board in accordance with these bylaws. In the event of an emergency or natural disaster that prevents the Board from meeting to consider and pass the Annual General Delegation of Authority for the new organizational year, the chairman is authorized by the Board to extend the Annual General Delegation of Authority of the previous year, until the Board can meet to consider and pass the Annual General Delegation of Authority for the new organizational year. No authority, responsibility, or privilege of the Board may be delegated unless it is expressly authorized by the Board in its Annual General Delegation of Authority.

The General Delegation of Authority included in Article V of the bylaws, effective November 12, 2020, shall remain in full force and effect until its expiration on December 31, 2026.

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The Board delegates to Board staff the authority to issue and renew licenses, permits, registrations and certificates where minimum qualifications have been met.

The Board delegates to the executive director the authority to reinstate licenses, permits, registrations and certificates when the reinstatement is due to the lapse of the license, permit, registration or certificate and not due to Board disciplinary action.

The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of Board business, to include, but not be limited to, licensure applications, renewal forms and documents used in the disciplinary process.

The Board delegates to the Department of Health Professions' inspectors the authority to issue summaries of inspection deficiencies upon completion of an inspection, and the Board delegates to the executive director the authority to issue letters regarding reported deficiencies to the facilities or licensee.

The Board delegates to the executive director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.

The Board delegates to the executive director, who may consult with a special conference committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.

The Board delegates to the executive director, in consultation with the chairman, the review and approval of applications for special or limited use pharmacy permits. If the executive director and chairman do not reach consensus regarding the issuance of a permit, or if the requested waivers are unusual or different from those routinely approved, the review and approval may be referred to an informal conference committee.

The Board delegates to the executive director, in consultation with the chairman, the review and approval, in accordance with regulations, for exceptions to the notice requirements for pharmacies going out of business and for exceptions to notice requirements for pharmacies changing hours of business for more than one week. Should the executive director and the chairman not reach consensus, or if the request for exception is unusual or questionable, the review and approval may be referred to a special conference committee.

The Board delegates to the executive director the authority to grant extensions for continuing education on a one-time basis upon written request of the licensee prior to the renewal date in accordance with regulations. Approval of any request for an extension where the licensee must show good cause or approval of any request for an exemption is delegated to the executive director in consultation with the chairman. Should the executive director and chairman not reach agreement, the matter shall be referred to a special conference committee.

The Board delegates to the chairman, the authority to represent the Board in instances where Board “consultation” or “review” may be requested, but where a vote of the Board is not required and a meeting is not feasible.

The Board delegates the approval of continuing education programs to the executive director in consultation with one member of the Board.

The Board delegates the convening of a quorum of the Board by telephone conference call, for the purpose of considering the summary suspension of a license in accordance with § 54.1-2408.1, to the executive director or deputy executive director. The Board delegates the convening of a meeting by telephone conference call, for the purpose of considering settlement proposals in accordance with § 54.1-2400 (13), to the executive director or deputy executive director. The Board delegates the determination of probable cause for disciplinary action to a special conference committee of the Board, wherein the committee may offer a confidential consent agreement, offer a pre-hearing consent order, cause the scheduling of an informal conference, request additional information, or close the case. The Board further delegates the determination of probable cause, for the purpose of offering a confidential consent agreement or a pre-hearing consent order or for scheduling an informal conference in accordance with established Board guidelines, to the executive director or deputy executive director.

The Board delegates to the chairman, or the vice chairman in his absence, the approval of waivers in declared disasters or states of emergency in accordance with § 54.1-3307.3.

The Board delegates to the executive director, in accordance with § 54.1-3434.1(A)(2), the authority to accept an inspection report or other documentation for a non-resident pharmacy from an entity that may not be listed on the Board's guidance document, or to request an inspection by an agent of the Board.

The Board delegates to the executive director the authority to grant an accommodation of additional testing time, up to a maximum of double time, to candidates for Board required examinations pursuant to the Americans with Disabilities Act provided the candidate provides documentation

that supports such an accommodation as required by Board regulation or guidance document. Any other requests for accommodation beyond additional testing time shall be reviewed by the Board at the next available Board meeting.

The Board delegates to the executive director, in consultation with the chairman, the authority to review and approve applications for limited-use practitioner of the healing arts to sell controlled substances licenses. A waiver of the square footage requirement for the controlled substances selling and storage area may be provided. Additionally, a waiver of the security system may be provided when storing and selling multiple strengths and formulations of no more than five different topical Schedule VI drugs intended for cosmetic use.

The Board delegates to the executive director, in consultation with the chairman, the ability to approve or deny a request for an exception to the two-year pharmacist eligibility requirement to serve as the pharmacist-in-charge, with the ability for the applicant to request an informal conference if denied.

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the Delegation and Bylaws Committee or to		
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Any amendment of these bylaws shall become effective upon passage by the Board and any preexisting Guidance Document that is inconsistent with any such amendment shall be null and void.		
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BYLAWS OF THE VIRGINIA BOARD OF PHARMACY

ARTICLE I: GENERAL

The organizational year for the Board shall be from January 1 through December 31st. At the last scheduled Board meeting before January 1, the Board shall elect from its members, a chairman and two vice chairmen. The term of office shall be one year and shall begin on January 1. Upon adoption of these bylaws, the terms of the current chairman and vice chairman shall be extended, and they shall continue to serve in those roles until the next election. A person shall not serve as chairman or vice chairman for more than two full consecutive terms.

For purposes of these Bylaws, the Board schedules full Board meetings four times a year, with the right to change the dates, schedule additional meetings as needed, or cancel any Board meeting, with the exception that one meeting shall take place annually. Board members shall attend all Board meetings in person, unless prevented by illness or similar unavoidable cause or unless permitted to attend remotely pursuant to Virginia Code § 2.2-3708.3. A majority of the members of the Board present shall constitute a quorum for the transaction of business. The current edition of Robert's Rules of Order, revised, shall apply unless overruled by law, regulation, or these bylaws, or when otherwise agreed.

ARTICLE II: OFFICERS OF THE BOARD

- A. The officers of the Board shall be the chairman and two vice chairmen.
- B. The chairman shall approve the agenda and preside at all meetings and formal administrative hearings in accordance with parliamentary rules and the Administrative Process Act and require adherence of same on the part of the Board members. The chairman shall appoint all committees unless otherwise ordered by the Board. The chairman shall act as the chief representative and spokesperson for the Board between meetings and shall perform all functions pertaining to the position of chairman. The chairman or his/her designee shall act as the representative of the Board to the Department of Health Professions and any other outside organization that requires Board representation. The chairman may call for additional meetings of the Board pursuant to Article I of these bylaws.
- C. There shall be two vice chairmen elected from the membership of the Board: (1) The first vice chairman shall act as chairman in the absence of the chairman. Additionally, the first vice chairman will serve on the Regulation and Pilot Committees. (2) The second vice chairman shall chair a Special Conference Committee and shall work with the chairman to organize and appoint members and chairs of Special Conference Committees. In the event of the absence of a Board member from a Special Conference, the second vice chairman shall be responsible for filling the vacancy if an alternative is not available. The second vice chairman shall be responsible for monitoring the operations of the Special Conference Committee process and shall report to the chairman on the efficiency and effectiveness of the Special Conference process.
- D. In the absence, or inability to serve, of both the chairman and the first vice chairman, second vice chairman shall preside at the meeting and/or formal administrative hearing. In the absence of both the first and second vice chairmen, the chairman shall appoint another Board member to preside at the meeting and/or formal administrative hearing.
- E. Pursuant to Virginia Code § 54.1-3305, there shall be an executive director for the Board of Pharmacy who shall be licensed or eligible for licensure in the Commonwealth as a pharmacist. The executive director shall be the custodian of all Board records and all papers of value. She/he shall preserve a correct list of all applicants and licensees. Coordinating with the chairman, she/he shall manage the correspondence of the Board and shall perform all such other duties as assigned or delegated by the Board or that may reasonably pertain to this position, No less than

annually, the chairman shall solicit feedback from the members of the Board on the performance of the executive director. Board feedback on the performance of the executive director shall be shared by the chairman of the Board with the Director of the Department of Health Professions.

ARTICLE III: ORDER OF BUSINESS MEETINGS

The order of business shall be as follows:

1. Call to order with statement made for the record of how many Board members are present and that it constitutes a quorum.
2. Approval of Agenda
3. Public comment received
4. Approval of Minutes
5. The remainder of the agenda may be established by the executive director after consultation and approval by the chairman.

ARTICLE IV: COMMITTEES

A. There shall be the following standing committees:

Special Conference Committees
Inspection Special Conference Committee
Regulation Committee
Pilot Committees
Delegation and Bylaws Committee

1. Special Conference Committees. These committees shall consist of not less than two Board members who shall review information regarding alleged violations of the pharmacy laws and regulations and determine if probable cause exists to proceed with possible disciplinary action. A special conference committee may also review information regarding a non-routine applicant for whom there may be cause to deny or restrict and may issue a final Order to grant or deny the application or to issue a license, registration or permit with terms and conditions. The special conference committees shall meet as necessary to adjudicate cases in a timely manner in accordance with agency standards for case resolution. The chairman may designate Board members as alternates on these committees in the event one of the standing committee members is unable to attend for all or part of a scheduled conference date. The chairman shall appoint committees as needed to expedite the adjudication of cases.
2. Regulation Committee. This committee shall consist of five Board members. The Board delegates to the Regulation Committee the authority to consider and respond to petitions for rulemaking. This committee is responsible for the development of proposals for new regulations or amendments to existing regulations with all required accompanying documentation; the development of proposals for legislative initiatives of the Board; the drafting of Board responses to public comment as required in conjunction with rulemaking; conducting the required review of all existing regulations as required by the Board's Public Participation Guidelines and any

Executive Order of the Governor, and any other required tasks related to regulations. In accordance with the Administrative Process Act, any proposed draft regulation and response to public comment shall be reviewed and approved by the full Board prior to publication.

3. Pilot Committees. These committees shall consist of not less than two board members who review applications for approval of innovative programs and any matters related to such programs.
4. Delegation and Bylaws Committee. This committee shall consist of the chairman, first vice chairman and two (2) other members of the Board appointed by the chairman who shall prepare and present to the Board the annual resolution for the annual general delegation of its authority (“Annual General Delegation of Authority”). The committee shall meet and complete its work no less than three (3) weeks prior to the last Board meeting of the year. Additionally, the committee shall consider and report to the Board on any proposed amendments to the bylaws that may be recommended to the Board for consideration at the last Board meeting for the organizational year.

B. Ad Hoc Committees.

The chairman shall also name such other committees as may be deemed necessary.

- C. A majority of a committee shall constitute a quorum and the act of a majority of the members present at a meeting at which a quorum is present shall constitute the act of the committee.

ARTICLE V: ANNUAL GENERAL DELEGATION OF AUTHORITY

At the last meeting of the Board prior to the start of the organizational year that begins on January 1, the Board shall consider and pass by a majority vote of a quorum of the Board, a resolution for the Annual General Delegation of its Authority. The resolution for the Annual General Delegation of Authority shall be prepared and presented to the Board by the Delegation and Bylaws Committee. Upon passage of a motion of approval by the Board, the Annual General Delegation of Authority shall be effective for the next organizational year (January 1 -December 31). The Annual General Delegation of Authority shall be effective for one year and must be renewed annually by the Board in accordance with these bylaws. In the event of an emergency or natural disaster that prevents the Board from meeting to consider and pass the Annual General Delegation of Authority for the new organizational year, the chairman is authorized by the Board to extend the Annual General Delegation of Authority of the previous year, until the Board can meet to consider and pass the Annual General Delegation of Authority for the new organizational year. No authority, responsibility, or privilege of the Board may be delegated unless it is expressly authorized by the Board in its Annual General Delegation of Authority.

The General Delegation of Authority included in Article V of the bylaws, effective November 12, 2020, shall remain in full force and effect until its expiration on December 31, 2026.

ARTICLE VI: AMENDMENTS

Amendments to these Bylaws may be proposed by a Board member by presenting the amendment in writing to the Delegation and Bylaws Committee or to all Board members prior to any scheduled meeting of the Board. Upon favorable vote of at least two-thirds of the Board members present at said meeting, such proposed amendment shall be adopted. If notice is given to the Board members at the previously held board meeting, a favorable vote of a majority of the Board members present at the current board meeting is required to adopt the amendment. Any amendment of these bylaws shall become effective upon passage by the Board and any preexisting Guidance Document that is inconsistent with any such amendment shall be null and void.

Effective Date: June 16, 2026
Latest revision: June 16, 2026