COMMONWEALTH OF VIRGINIA
Meeting of the Board of Pharmacy

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

Revised Agenda of Full Board Meeting
September 15, 2026
9AM

TOPIC	PAGES
Call to Order of Full Board Meeting: Larry Kocot, JD, Chairman	
• Welcome & Introductions	
• Approval of Agenda	
Public Hearings	
• Placing Certain Chemicals into Schedule I	**34-44**
Approval of Previous Board Meeting Minutes:	
• Full Board Meeting, June 16, 2026	**3-13**
• Public Hearing for Placing Chemicals into Schedule I, June 16, 2026	**14-15**
• Public Hearing for Scheduling of Drugs Consistent with Federal Scheduling Action, June 16, 2026	**16-18**
• Formal Hearings, August 11, 2026	**19-27**
• Therapeutic Interchange, August 28, 2026	**Handout**
• Statewide Protocols, August 28, 2026	**Handout**
• Innovative Pilot Program, September 2, 2026	**28-29**
Call for Public Comment: The Board will receive public comment at this time. The Board will not receive comments on any regulation process for which a public comment period has closed or any pending disciplinary matters.	
DHP Director's Report: David Brown, DC	**Verbal**
Legislative/Regulatory/Guidance:	
• Chart of regulatory actions - Erin Barrett, JD	**30-33**
• Adopt Exempt Regulations to Place Drugs into Schedule I	**34-44**
• Adopt Draft Regulations for Optometrist Dispensing	**45-55**
• Rescind Guidance Document 110-12 and Adopt Bylaws as a Policy Document	**56-64**
• Amend Guidance Document 110-17	**65-70**
• Amend Guidance Document 110-24	**71-73**
Old Business:	
• Adopt guidance document on artificial intelligence	**74-75**
New Business:	
• Annual Summary of Revenue and Expenditures	**Handout**

- Adopt policy for ADA examination accommodation requests **106-107**

Reports:

- Report on Licensure Program – Ryan Logan, RPh **76-84**
- Report on Inspection Program – Beth O'Halloran, RPh **85-88**
- Report on Disciplinary Program – Ellen Shinaberry, PharmD **89-104**
- 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 **105**

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

Adjourn

****The Board will have a working lunch at approximately 12pm and convene a panel for formal hearings at 1pm or following the adjournment of the full board meeting, whichever is later. ****

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
MINUTES OF FULL BOARD MEETING

Tuesday, June 16, 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 9:05AM.
PRESIDING:	**Larry Kocot**, JD, Chairman
MEMBERS PRESENT:	**Jay Agarwal,** RPh **Shannon Dowdy**, PharmD, Vice Chairman **Kelly Hasty Kale**, RPh **Jade Ranger**, PharmD **Kristopher Ratliff**, DPh **Patricia Richards-Spruill**, RPh **Derek Webb**, PharmD **Ling Yuan**, PharmD
MEMBER ABSENT:	**Michelle Hoffer Wilgus**, JD
STAFF PRESENT:	**Erin Barrett**, JD, DHP Director of Legislative and Regulatory Affairs **David E. Brown**, DC, DHP Director **Mykl Egan**, Discipline Case Manager **Sorayah Haden**, Executive Assistant **Caroline Juran**, RPh, Executive Director **Ryan Logan**, RPh, Deputy Executive Director **Tim Reilly**, Compliance and Innovative Pilot Program Manager **Brent Saunders**, JD, Senior Assistant Attorney General
PHARMACISTS AWARDED 1-HOUR OF LIVE OR REAL-TIME INTERACTIVE CONTINUING EDUCATION FOR ATTENDING MEETING:	Stephanie Henry – 0202-206285
QUORUM:	With 9 members present, a quorum was established.
APPROVAL OF AGENDA:	The following amendments to the agenda were presented as follows:

- Amend the Election of Chair and Vice Chair to state "Tentative Election of Chair and Vice Chair"

MOTION **The agenda was adopted as presented and amended. (motion by Ratliff, seconded by Kale)**

APPROVAL OF PREVIOUS BOARD MEETING MINUTES

Amendments were offered to the draft minutes included in the agenda packet. It was recommended that the Committee on Bylaws minutes be amended to indicate that consensus was reached on each item.

MOTION: **The Board voted unanimously to approve for posting the minutes for the meetings held between March 11, 2026 and May 27, 2026, as presented and amended as follows:**

- **Full Board Meeting, held on March 17, 2026 – Amend second bullet point within the citation pertaining to perpetual inventory to state "Accurately indicate the physical count of Schedule II…" on page 11.**
- **Ad Hoc Committee on Bylaws, held on March 17, 2026 – Amend to read that consensus was reached on each of the items.**
- **Formal Hearing, held on May 27, 2026 - Grammatical errors on pages 22, 24, and 26. (motion by Kale, seconded by Dowdy)**

PUBLIC COMMENT:

Justin Hoefling provided a public comment on behalf of the Alliance for Pharmacy Compounding.

Jamie Fisher, Executive Director, provided public comment on behalf of the Virginia Pharmacy Association (VPhA).

DHP DIRECTOR'S REPORT:

Dr. Brown provided the DHP Director's Report and reviewed a Freedom of Information Act brochure highlighting requirements for a public meeting and public record.

NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Jessica Satterfield, PharmD presented a PowerPoint presentation, via Microsoft Teams, on behalf of the National Community Pharmacists Association. The presentation informed the Board of tools used to record data and analyze its pharmacy desert maps.

LEGISLATIVE/ REGULATORY/GUIDANCE

REPORT FROM AD HOC COMMITTEE MEETING ON BYLAWS

Dr. Webb provided an overview of the Ad Hoc Committee on Bylaws Meeting held on March 17, 2026. He reviewed the red-lined suggested edits to the Board of Pharmacy Bylaws included in Guidance Document 110-12 in the agenda packet. There was robust discussion on each section.

The board discussed the bylaw change that would move the timing of annual board elections and committee appointments to December. There was discussion regarding the number of members for a special conference committee or pilot committee. It was noted that the Inspection Special Conference Committee should be stricken. It is intended that the delegations in Article V will be placed in a separate document. There was discussion regarding whether the bylaws should be codified in a guidance document. Counsel recommended that the board could go into closed session for legal advice.

CLOSED SESSION

Upon a motion by Dr. Kale to go into closed session, and duly seconded by Dr. Yuan, the Board voted unanimously to convene a closed meeting pursuant to §2.2-3711(A)(8) of the Code of Virginia ("Code") to consult with counsel regarding the proposed amendments to the Bylaws of the Virginia Board of Pharmacy as included in Guidance Document 110-12.. Additionally, she moved that Caroline Juran, Erin Barrett, and Dr. Brown attend the closed meeting because their presence is deemed necessary and will aid the Board in its deliberations.

RECONVENE

Upon the motion by Dr. Dowdy and duly seconded by Ms. Richards-Spruill, having certified that the matters discussed in the closed meeting met the requirements of §2.2-3712 of the Code, the Board reconvened an open meeting.

MOTION

The Board voted unanimously to amend the Bylaws of the Virginia Board of Pharmacy as contained in Guidance Document 110-12 with the following amendments (motion by Kale, seconded by Ratliff):

- **Article I: General**
  - **Second paragraph, after "members of the Board" strike "present";**
- **Article II: Officers of the Board**
  - **Subsection B, strike the proposed sentences, "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 the chairman. The chairman or his/her designee shall act as the representative of the Board to the Department of Health Profession and any other outside organization that requires Board representation." And replace with "The chairman shall perform all functions pertaining to the position of chairman."**
  - **Subsection B, at the end of the sentence, "The chairman may call for additional meetings of the Board pursuant to Article I of these bylaws", insert "subject to availability of resources."**
  - **Subsection E, after "the chairman shall solicit" insert "verbal and confidential" and after "shall be shared" insert "verbally and confidentially" and after "Director of Health**

Professions" insert "and the Executive Director of the Board."

- **Article IV: Committees**
  - **Subsection A, strike "Inspection Special Conference Committee";**
  - **Subsection (A)(1), first sentence, strike "of not less than";**
  - **Subsection (A)(3), after "not less than two" insert "but not greater than three";**
- **Article V: Annual General Delegation of Authority**
  - **After "organizational year," insert "or for good cause,";**
- **Article VI: Amendments**
  - **Strike the last sentence "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."**

FORMATION OF AD HOC COMMITTEE ON ROUTINE PHARMACY INSPECTIONS

Mr. Kocot announced that an ad hoc committee on routine pharmacy inspections will be formed and that Ms. Kale will chair the committee. He will name four members soon with the goal of completing the work by the end of the year.

DEVELOPING A BOARD POSITION ON ARTIFICIAL INTELLIGENCE

The Board reviewed the Louisiana Board of Pharmacy's recent newsletter article which addressed the Board's position on Artificial Intelligence (AI). The board was pleased with Louisiana's position as it welcomed the innovation of AI with the appropriate measures and guidelines. The Board discussed adopting a similar statement which embraces AI but acknowledges it does not override the human judgement of the pharmacist.

ACTION ITEM:

Board members will submit suggested edits to Louisiana's position on AI to Ms. Juran and staff will draft a possible guidance document on the subject for consideration at a future meeting.

LEGISLATIVE UPDATE

Ms. Barrett stated that there were no legislative updates to provide.

CHART OF REGULATORY ACTIONS

Ms. Barrett reviewed the Regulatory Chart included in the agenda packet and provided updates on any actions taken since the agenda was posted.

The Board reviewed and discussed the recommendations from the Virginia Department of Forensic Science to place certain chemicals into Schedule I.

ADOPTION OF EXEMPT REGULATOY ACTION – ADDITION OF CHEMICALS TO SCHEDULE I

The Board voted unanimously to adopt the recommendation from the Virginia Department of Forensic Science to place the following chemicals into Schedule I:

MOTION:

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: 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.**

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. (motion by Webb, seconded by Yuan)

ADOPTION OF EXEMPT REGULATOY ACTION – CONFORMING TO RECENT FEDERAL DRUG SCHEDULING ACTIONS

The Board reviewed and discussed the compilation of recent federal scheduling actions and the proposed amendments to 18VAC110-20-323.

MOTION:

The Board voted unanimously to adopt the exempt changes to 18VAC110-20-323 to conform Virginia schedules to recent federal scheduling actions as presented. (motion by Dowdy, seconded by Webb)

ADOPTION OF EXEMPT REGULATOY ACTION – REMOVAL OF CHEMICALS IN SCHEDULE I PURSUANT TO LEGISLATION

The Board reviewed and discussed the proposed amendments to 18VAC110-20-322 to remove the chemicals from regulation since they had been added to the Virginia Code by the General Assembly.

MOTION:

The Board voted unanimously to adopt the exempt changes to 18VAC110-20-322 to remove chemicals from Schedule I which are no longer needed in regulation since they are now in Code. (motion by Kale, seconded by Webb)

AMEND DEFINITION OF "HOSPITAL" IN 18VAC110-20-10 TO INCLUDE A HOSPITAL FOR ANIMALS WTH A VETERINARY ESTABLISHMENT PERMIT

The Board reviewed and discussed the draft regulatory amendments to include "animal hospital" in the definition of "hospital" found in 18VAC110-20-10.

MOTION:

The Board voted unanimously to adopt the regulatory changes to 18VAC110-20-10 to amend the definition of "hospital" as presented. (motion by Kale, seconded by Ranger)

AMEND GUIDANCE DOCUMENT 110-19 TO INCLUDE LANGUAGE UNDER INTERPRETATION OF "OTHER FACILITIES" THAT MAY USE AN ADD THAT WILL INCORPORATE VIRGNIA TECH ANIMAL HOSPITAL

The Board reviewed and discussed the 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.

MOTION: **The Board voted unanimously to adopt the amendments to Guidance Document 110-19 as presented. (motion by Webb, seconded by Agarwal)**

AMEND CSR REGULATIONS REGARDING RESEARCHERS AND OTHERS

The Board reviewed and discussed the draft amendments to 18VAC110-20-710(F) exempting analytical labs from alarm systems.

MOTION: **The Board voted unanimously to adopt the fast-track regulatory action to amend 18VAC110-20-710(F) to exempt analytical labs from alarm systems and replace the term "humane societies" with "animal shelters" as presented. (motion by Ratliff, seconded by Webb)**

ADOPTION OF NOIRA FOR SB418 – PHARMACIST THERAPEUTIC INTERCHANGE OF DRUG

The Board reviewed and discussed SB418 which directs the Board to promulgate regulations to implement the provisions of the legislation. The Board will work on specific regulatory language while the NOIRA is under Executive Branch review. A regulatory advisory panel will be likely be convened in late August or early fall to help inform the development of the draft regulations.

MOTION: **The Board voted unanimously to adopt a notice of intended regulatory action regarding therapeutic interchange and adaption, including regulation of which therapeutic classes of drugs are eligible for therapeutic interchange and which therapeutic classes will be prohibited as presented. (motion by Yuan, seconded by Dowdy)**

AMENDMENT OF GUIDANCE DOCUMENT 110-44 NALOXONE OR OTHER OPIOID ANTAGONIST PROTOCOLS

The Board reviewed and discussed the redline of proposed changes to Guidance Document 110-44. It was recommended that the hyperlinks to the resources listed at the end of the document be corrected in lieu of striking them.

MOTION: **The Board voted unanimously to amend Guidance Document 110-44 as presented and further amended to replace the broken links under "Resources" with current links. (motion by Kale, seconded by Agarwal)**

AMENDMENT OF GUIDANCE 110-2 REGARDING IMPLEMENTATION OF UMPJE

The Board reviewed and discussed the proposed amendments to Guidance Document 110-2.

MOTION: **The Board voted unanimously to adopt the amendments to Guidance Document 110-2 as presented. (motion by Yuan, seconded by Dowdy)**

AMENDMENT OF GUIDANCE DOCUMENT 110-35 REGARDING ELECTRONIC TRANSFER OF PRESCRIPTIONS BY PHARMACY TECHNICIANS

The Board reviewed the redline of proposed changes to Guidance Document 110-35. Staff noted that the proposed changes clarify that pharmacy technicians may electronically transfer a refill for a Schedule VI drug under certain circumstances.

MOTION:

The Board voted unanimously to adopt the amendments to Guidance Document 110-35 as presented. (motion by Agarwal, seconded by Webb)

Old Business

REPORT ON PHARMACIES PROVIDING CLINICAL SERVICES

In follow-up to a previous Board action item, Barbara Hodgdon, PhD, Deputy Director, DHP Healthcare Workforce Data Center and Data Analytics Division presented the data collected in response to questions included in the annual pharmacy renewal process which ended on April 30, 2026 regarding whether the pharmacy provided certain clinical services. Board members expressed interest in an interactive map as it will be a helpful resource to providers and patients. The Board requested that the reported data accessible for public use through the Board's website.

ACTION ITEM:

Staff will begin developing a process to display on its website any trends of the aggregate data regarding pharmacies providing clinical services and an interactive map with a drop down to choose a particular clinical service and a means of identifying the individual pharmacies providing such services.

REPORT ON NONRESIDENT PHARMACY PRACTICE SETTINGS AND LOCATIONS

In follow-up to a previous Board action item, an overview of a report of the practice types for all currently active nonresident pharmacy registrations was presented as of April 15, 2026. The Board discussed the potential need to collect more in-depth data to appropriately address any concerns of the board regarding nonresident pharmacies. The Board will follow up on the discussion at the next Regulations Committee meeting.

FINALIZE PLANS FOR TRANSITIONING TO UMPJE

The Board reviewed the draft communication in the agenda packet that staff recommend sending to new pharmacist licensees via email upon issuance of their license encouraging them to review the Virginia-specific information. Staff will revise the list as needed to ensure it remains current.

MOTION:

The Board voted unanimously to require pharmacist applicants to pass the Uniform Multistate Pharmacy Jurisprudence Examination (UMPJE) as of October 1, 2026, in lieu of the Virginia-MPJE and for staff to send new pharmacist licensees a current list of laws and regulations specific to Virginia via email upon issuance of their license, strongly encouraging their review of the information. (motion by Webb, seconded by Agarwal)

New Business

ELECTION OF CHAIR AND VICE CHAIR

The Chairman called for nominations for chairman and vice chairman. Larry Kocot and Shannon Dowdy were nominated for chairman and vice chairman, respectively. No other nominations were made. The terms of the positions under the current bylaws are from July 1, 2026 until June 30, 2027. Such terms are subject to change once the amendments to the current bylaws, which must go through an Administrative Review process, become effective.

MOTION:

The Board voted unanimously to elect Mr. Kocot as Chairman and Dr. Dowdy as Vice Chairman. (motion by Webb, seconded by Ratliff)

Reports

LICENSURE PROGRAM

Mr. Logan provided an overview of the Licensure Program consisting of licensing data on Individuals and Facility licenses from Q2 2023 through Q3 2026. The overview included the following current license count as of June 1, 2026:

- Pharmacist – 16,700
- Pharmacy Technician – 13,976
- Pharmacy Technician Trainee – 7,233
- Pharmacy Intern – 1,059
- Resident Pharmacies – 1,689
- Nonresident Pharmacies – 1,003

Additionally, Mr. Logan provided a bar graph to document the new pharmacy permits issued compared to pharmacy permits closing. At the request of a board member, the next licensing report will include the practice types of the pharmacy closures and openings.

INSPECTIONS PROGRAM

Mr. Reilly provided an overview of the Inspections Program. The overview consisted of all inspections conducted during the period of January 1, 2026 through March 31, 2026. As of March 31, 2026, the Inspections Program conducted a total of 585 inspections consisting of 541 in-person inspections and 44 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 26 times)
- 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) (cited 19 times)
- Perpetual inventory not being maintained as required as it does not
    - Include all Schedule II drugs received or dispensed
    - Accurately indicate the physical count of 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 an inventory is required (cited 14 times)
- 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 (cited 12 times)
- Labels do not include all required information. (cited 11 times)

The Board requested clarification regarding a previous public comment which mentioned the non-approval of compounding pharmacy permit renewals. The renewal requirements for nonresident compounding pharmacies were explained.

DISCIPLINARY PROGRAM

Ms. Juran reviewed the Disciplinary Report. The overview consisted of cases received, opened, and closed from Q2 of 2023 through Q3 of 2026. As of Q3 of 2026, ending March 31, 2026, the Board received 211 cases, opened 371 cases, and closed 165 cases. As of May 27, 2026, the Board currently has an open case count of 410 consisting of 240 patient care cases and 170 non-patient care cases.

2027 NABP/AACP DISTRICTS 1 & 2 MEETING

Dr. Webb informed the Board of the following updates regarding the 2027 NABP/AACP District 1 & 2 meeting to be hosted by the Virginia Board of Pharmacy:

- The meeting will be held in October 2027
- A lodging contract has been confirmed with the Williamsburg Lodge.
- More targeted meetings will be forthcoming starting August 2026.

CHAIRMAN'S REPORT

Mr. Kocot thanked the Board for their continued efforts and support. He expressed appreciation by acclamation by the Board for the continued efforts of Ms. Patricia Richards-Spruill, Dr. Ratliff, and Dr. Yuan during their time on the Board.

APhA INSTITUTE ON SUBSTANCE USE DISORDER

Dr. Yuan expressed gratitude for her experiences at the Substance Abuse Disorder Symposium.

EXECUTIVE DIRECTOR'S REPORT

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

POSSIBLE SUMMARY SUSPENSION PRESENTATION

Case #251811 – Christina Sanchez, Pharmacy Technician #0230043420
Rebecca Ribley, Adjudication Specialist, presented a possible summary suspension presentation for Board consideration regarding Christina Sanchez (Pharmacy Technician #0230043420).

DECISION:

Upon a motion by Ratliff and duly seconded by Dowdy, the Board voted unanimously to summarily suspend the Pharmacy Technician registration and offer a consent order in lieu of a Formal Hearing for Christina Sanchez (Pharmacy Technician #0230-043420).

AGENCY SUBORDINATE RECOMMENDATIONS

Mr. Egan provided information regarding the agency subordinate's recommendations resulting from a recent informal conference. Mr. Agarwal recused himself from voting due to knowledge of a licensee who is a respondent to the agency subordinate's recommendations.

Tiffany White, Pharmacy Technician

DECISION:

Upon a motion by Yuan, and duly seconded by Ranger, the Board voted (9-0) to accept the agency subordinate recommendation as presented and amended to include clarification regarding the reinstatement process required should the license lapse before the Continue Education credits are obtained for Tiffany White.

DECISION:

Raj Narla, Pharmacist

Upon a motion by Webb, and duly seconded by Ranger, the Board voted (7-1 Kale opposed, Agarwal recused) to accept the agency subordinate recommendation as presented for Raj Narla.

MEETING ADJOURNED: 5:04PM

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Caroline Juran, RPh
Executive Director

Date

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
MINUTES OF PUBLIC HEARING ON PLACING CERTAIN CHEMICALS INTO SCHEDULE I

Tuesday, June 16, 2026

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

CALL TO ORDER: A public hearing regarding the placement of 6 chemicals into Schedule I per recommendation from the Department of Forensic Science was convened at 9:00 AM.

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

MEMBERS PRESENT:
Jay Agarwal, RPh
Shannon Dowdy, PharmD, Vice Chairman
Kelly Hasty Kale, RPh
Jade Ranger, PharmD
Kristopher Ratliff, DPh
Patricia Richards-Spruill, RPh
Derek Webb, PharmD
Ling Yuan, PharmD

MEMBER ABSENT: **Michelle Hoffer Wilgus**, JD

STAFF PRESENT:
Erin Barrett, DHP Director of Legislative and Regulatory Affairs
David E. Brown, DHP Director
Mykl Egan, Discipline Case Manager
Sorayah Haden, Executive Assistant
Caroline Juran, RPh, Executive Director
Ryan Logan, RPh, Deputy Executive Director
Tim Reilly, Compliance and Innovative Pilot Program Manager
Brent Saunders, JD, Senior Assistant Attorney General

PUBLIC COMMENT Robyn Weimer, Chemistry Program Manager, Division of Technical Services, Virginia Department of Forensic Science provided comment that the recommended 6 chemicals listed below are a risk to public safety and do not serve a known medical use.

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: 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.

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.

MEETING ADJOURNED: 9:03AM

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Caroline Juran, RPh
Executive Director

Date

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
MINUTES OF PUBLIC HEARING ON CONFORMITY OF SCHEDULES TO FEDERAL SCHEDULING ACTIONS

Tuesday, June 16, 2026

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

CALL TO ORDER: A public hearing was convened at 9:03 AM.

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

MEMBERS PRESENT:
Jay Agarwal, RPh
Shannon Dowdy, PharmD, Vice Chairman
Kelly Hasty Kale, RPh
Jade Ranger, PharmD
Kristopher Ratliff, DPh
Patricia Richards-Spruill, RPh
Derek Webb, PharmD
Ling Yuan, PharmD

MEMBER ABSENT: **Michelle Hoffer Wilgus**, JD

STAFF PRESENT:
Erin Barrett, DHP Director of Legislative and Regulatory Affairs
David E. Brown, DHP Director
Mykl Egan, Discipline Case Manager
Sorayah Haden, Executive Assistant
Caroline Juran, RPh, Executive Director
Ryan Logan, RPh, Deputy Executive Director
Tim Reilly, Compliance and Innovative Pilot Program Manager
Brent Saunders, JD, Senior Assistant Attorney General

PUBLIC COMMENT No comments were provided.

The scheduling actions under consideration:

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-

4yl)propionamide).
b. Meta-fluorofuranyl fentanyl (N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)furan2-carboxamide).
c. Ortho-methylcyclopropyl fentanyl (N-(2-methylphenyl)-N-(1-phenethylpiperidin-4yl)cyclopropanecarboxamide).
d. Beta-methylacetyl fentanyl (N-phenyl-N-(1-(2-phenylpropyl)piperidin-4yl)acetamide).
e. Tetrahydrothiofuranyl fentanyl (N-(1-phenethylpiperidin-4-yl)-Nphenyltetrahydrothiophene-2-carboxamide).

Adds 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,Ndiethylethan-1-amine (commonly known as, ethyleneoxynitazene).
b. 2-(2-(benzodioxol-5-ylmethyl)-5-nitro-1H-benzimidazol-1-yl)-N,N-diethylethan-1amine (commonly known as, methylenedioxynitazene or 3′,4′methylenedioxynitazene).
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).

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 (JWH098).
c. 3-((4-methylnaphthalen-1-yl)methyl)-1-pentyl-1H-indole (JWH-184).
d. (4-methylnaphthalen-1-yl)(1-(2-morpholinoethyl)-1H-indol-3-yl)methanone (JWH193).
e. (2-methyl-1-pentyl-1H-indol-3-yl)(naphthalen-1-yl)methanone (JWH-007).
f. naphthalen-1-yl(1-(pent-4-en-1-yl)-1H-indol-3-yl)methanone (JWH-022).
g. (1-hexyl-5-phenyl-1H-pyrrol-3-yl)(naphthalen-1-yl)methanone (JWH-147).
h. 2-(3-methoxyphenyl)-1-(1-pentyl-1H-indol-3-yl)ethan-1-one (JWH-302).
i. (5-(2-fluorophenyl)-1-pentyl-1H-pyrrol-3-yl)(naphthalen-1-yl)methanone (JWH-307).
j. (4-fluoronaphthalen-1-yl)(1-pentyl-1H-indol-3-yl)methanone (JWH-412).
k. (5-methyl-3-(morpholinomethyl)-2,3-dihydro-[1,4]oxazino[2,3,4- hi]indol-6yl)(naphthalen-1-yl)methanone (WIN 55,212-2).
l. 2-(5-hydroxy-2-(3-hydroxypropyl)cyclohexyl)-5-(2-methyloctan-2-yl)phenol (CP55,940).

Adds the following hallucinogenic substance to Schedule I:

6,6,9-trimethyl-3-pentyl6a,7,8,9,10,10a-hexahydro-6 H -benzo[c]chromen-1-ol (also known as hexahydrocannabinol and HHC).

MEETING ADJOURNED: 9:05AM

_____ _____

Caroline Juran, RPh Date
Executive Director

(DRAFT/UNAPPROVED)
VIRGINIA BOARD OF PHARMACY
PRESENTATION OF CONSENT ORDER FOR POSSIBLE RATIFICATION & FORMAL HEARINGS

Tuesday, August 11, 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 panel of the Board of Pharmacy ("Board") was called to order at 9:39 AM for formal hearing proceedings.

FORMAL HEARING:

PARESH K. SUTHAR
Pharmacy Tech Registration No: 0230-009552

A formal hearing was convened at 9:39 AM in the matter of Paresh Suthar, pharmacy technician, to discuss allegations that he may have violated certain laws and regulations governing the practice of pharmacy in Virginia as provided in the notice dated May 18, 2026.

PRESIDING: Kristopher Ratliff, Board Member & Presiding Officer

MEMBERS PRESENT:
Jay Agarwal, RPh
Kelly Hasty Kale, RPh
Patricia Richards-Spruill, RPh
Derek Webb, PharmD
Ling Yuan, PharmD

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

PANEL: With six (6) members of the Board present, a panel of the board was established.

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

WITNESSES: Donna Stevens and Amanda Wilkinson, former pharmacists in charge at Cavalier Pharmacare, testified

in person on behalf of the Commonwealth. Alice Cox, a former patient of Cavalier Pharmacare, testified by telephone on behalf of the Commonwealth.

CLOSED MEETING: Upon a motion by Ms. Kale, and duly seconded by Dr. Webb, 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 Paresh Suthar. 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. (Kale/Richards-Spruill)

DECISION: Upon a motion by Ms. Kale, and duly seconded by Dr. Yuan, the Board voted 6-0 to accept the Findings of Fact and Conclusions of Law as presented by the Commonwealth.

Upon a motion by Ms. Kale, and duly seconded by Dr. Agarwal, the Board voted 6-0 to revoke the right to renew the technician registration of Paresh Suthar.

ADJOURN: 11:04 AM

CONSIDERATION OF CONSENT ORDER

CALL TO ORDER: A meeting of a quorum of the Board of Pharmacy ("Board") was called to order at 11:12 AM for the purpose of consideration of a Consent Order for possible ratification by the Board.

PRESIDING: Shannon Dowdy, Vice Chaiman of the Board and Presiding Office

MEMBERS PRESENT: Jay Agarwal, RPh

	Kelly Hasty Kale, RPh Kris Ratliff, PharmD Patricia Richards-Spruill, RPh Derek Webb, PharmD Ling Yuan, PharmD
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 seven (7) members of the Board present, a quorum of the Board was established.
PURPOSE:	Consideration of a consent order in the matter of Farmakeio. Michael Parsons, JD, presented the consent order on behalf of the Commonwealth.
CLOSED MEETING:	Upon a motion by Ms. Kale, and duly seconded by Dr. Ratliff, the Board voted 7-0, 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 Farmakeio. 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. (Kale/Ratliff)
DECISION:	Upon a motion by Dr. Ratliff and duly seconded by Dr. Yuan, the Board unanimously voted (7-0) to accept the consent order.
ADJOURN:	11:30 AM
	FORMAL HEARING
PASCALE HAYEK Pharmacist License No: 0202-207815	A formal hearing was convened at 11:40 AM in the matter of Pascale Hayek, pharmacist, to consider her

	application for reinstatement and to discuss allegations that she may have violated certain laws and regulations governing the practice of pharmacy in Virginia as provided in the notice dated June 8, 2026.
PRESIDING:	Shannon Dowdy, Vice Chairman and Presiding Officer
MEMBERS PRESENT:	Jay Agarwal, RPh Kelly Hasty Kale, RPh Kris Ratliff, PharmD Patricia Richards-Spruill, RPh Derek Webb, PharmD Ling Yuan, PharmD
PANEL:	With seven (7) members of the Board present, a panel of the board was established.
STAFF PRESENT:	Sorayah Haden, Executive Assistant Caroline D. Juran, Executive Director James Rutkowski, Sr. Assistant Attorney General Ellen Shinaberry, Deputy Executive Director Jess Weber, Adjudication Specialist, presented the case for the Commonwealth. Ms. Hayek was present at the hearing and was not represented by counsel.
WITNESSES:	Ms. Hayek spoke on her own behalf. The Commonwealth did not call on any witnesses.
CLOSED MEETING:	Upon a motion by Dr. Webb, and duly seconded by Dr. Yuan, the Board voted 7-0, 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 Pascale Hayek. Additionally, he moved that Ellen Shinaberry, Caroline Juran, Jim Rutkowski, and Sorayah Haden attended 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. (Webb/Kale)
DECISION:	Upon a motion by Dr. Webb, and duly seconded by Mr. Agarwal, the Board voted 7-0 to accept the Findings of Fact and Conclusions of Law as presented by the Commonwealth and amended by the Board. Upon a motion by Dr. Webb, and duly seconded by Mr. Agarwal, the Board voted 7-0 to reinstate the pharmacist license of Pascale Hayek with certain terms and conditions.
ADJOURN:	12:40 PM

FORMAL HEARING

JANELLE JACKSON Pharmacist License No: 0202-220524	A formal hearing was convened at 12:56 in the matter of Janelle Jackson, pharmacist, to consider her application for reinstatement and to discuss allegations that she may have violated certain laws and regulations governing the practice of pharmacy in Virginia as provided in the notice dated May 5, 2026.
PRESIDING:	Shannon Dowdy, Vice Chairman & Presiding Officer
MEMBERS PRESENT:	Jay Agarwal, RPh Kelly Hasty Kale, RPh Kris Ratliff, PharmD Patricia Richards-Spruill, RPh Derek Webb, PharmD Ling Yuan, PharmD
PANEL:	With seven (7) members of the Board present, a panel of the board was established.
STAFF PRESENT:	Sorayah Haden, Executive Assistant Caroline D. Juran, Executive Director James Rutkowski, Sr. Assistant Attorney General Ellen Shinaberry, Deputy Executive Director

	Jess Weber, Adjudication Specialist, presented the case for the Commonwealth. Ms. Jackson was not present at the hearing and was not represented by counsel.
WITNESSES:	Kimberly Hyler, Sr. Investigator, DHP testified in person on behalf of the Commonwealth.
CLOSED MEETING:	Upon a motion by Dr. Webb, and duly seconded by Ms. Kale, the Board voted 7-0, 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 Janelle Jackson. Additionally, he moved that Ellen Shinaberry, Caroline Juran, Jim Rutkowski, and Sorayah Haden attended 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. (Webb/Richards-Spruill)
DECISION:	Upon a motion by Ms. Kale, and duly seconded by Dr. Webb, the Board voted 7-0 to accept the Findings of Fact and Conclusions of Law as presented by the Commonwealth. Upon a motion by Ms. Kale, and duly seconded by Dr. Webb, the Board voted 7-0 to reinstate to inactive status the pharmacist license of Janelle Jackson and issue a monetary penalty.
ADJOURN:	2:00 PM
	FORMAL HEARING
CHRISTINA SANCHEZ Pharmacy Technician Registration No.: 0230-043420	A formal hearing was convened at 2:13 PM in the matter of Christina Sanchez, pharmacy technician, to discuss allegations that she may have violated certain laws and regulations governing the practice of pharmacy in Virginia as provided in the notice dated June 17, 2026.
PRESIDING:	Shannon Dowdy, Vice Chairman & Presiding Officer

MEMBERS PRESENT:	Jay Agarwal, RPh Kelly Hasty Kale, RPh Kris Ratliff, PharmD Patricia Richards-Spruill, RPh Derek Webb, PharmD Ling Yuan, PharmD
PANEL:	With seven (7) members of the Board present, a panel of the board was established.
STAFF PRESENT:	Sorayah Haden, Executive Assistant Caroline D. Juran, Executive Director James Rutkowski, Sr. Assistant Attorney General Ellen Shinaberry, Deputy Executive Director Rebecca Ribley, Adjudication Specialist, presented the case for the Commonwealth. Ms. Sanchez was not present at the hearing and was not represented by counsel.
WITNESSES:	Sekeena Ryland, Pharmacist in charge of Walgreens Pharmacy #05175, and Lorenzo Liquet, Asset Protection Manager for Walgreens, testified in person on behalf of the Commonwealth. Marty L. McFadden, Sr. Investigator DHP, testified by telephone on behalf of the Commonwealth.
CLOSED MEETING:	Upon a motion by Dr. Webb, and duly seconded by Mr. Agarwal, the Board voted 7-0, 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 Christina Sanchez. Additionally, he moved that Ellen Shinaberry, Caroline Juran, Jim Rutkowski, and Sorayah Haden attended 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. (Webb/Agarwal)

DECISION:	Upon a motion by Ms. Kale, and duly seconded by Dr. Webb, the Board voted 7-0 to accept the Findings of Fact and Conclusions of Law as presented by the Commonwealth and to revoke the pharmacy technician registration of Christina Sanchez.
ADJOURN:	2:53 PM
ALAA ALKHALIL Pharmacist License No.: 0202-219947	FORMAL HEARING A formal hearing was convened at 3:00 PM in the matter of Alaa Alkhalil, pharmacist, to discuss allegations that he may have violated certain laws and regulations governing the practice of pharmacy in Virginia as provided in the notice dated May 11, 2026.
PRESIDING:	Kristopher Ratliff, Board Member & Presiding Officer
MEMBERS PRESENT:	Jay Agarwal, RPh Kelly Hasty Kale, RPh Patricia Richards-Spruill, RPh Ling Yuan, PharmD
PANEL:	With five (5) members of the Board present, a panel of the board was established.
STAFF PRESENT:	Sorayah Haden, Executive Assistant Caroline D. Juran, Executive Director James Rutkowski, Sr. Assistant Attorney General Ellen Shinaberry, Deputy Executive Director Rebecca Ribley, Adjudication Specialist, presented the case for the Commonwealth. Mr. Alkhalil was present at the hearing; he was not represented by counsel.
WITNESSES:	The following individuals testified in person for the Commonweatlh: William T. Heath, Pharmacist; Megan Carter, Physician Asst.; Sherri Oliver, Sr. Investigator DHP; Mason McKinney, Pharmacy Technician; Nkasiobi Ogbonna, Pharmacist; Joyce Johnson, Sr. Investigator DHP; Lisa Loudermilk, Admin. Asst. Enforcement DHP Mr. Alkhalil did not testify.

CLOSED MEETING:	Upon a motion by Ms. Kale, and duly seconded by Mrs. Richards-Spruill, 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 Alaa Alkhalil. 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. (Kale/Agarwal)
DECISION:	Upon a motion by Ms. Kale, and duly seconded by Mr. Agarwal, the Board voted 5-0 to accept the Findings of Fact and Conclusions of Law as presented by the Commonwealth. Upon a motion by Ms. Kale, and duly seconded by Mr. Agarwal, the Board voted 5-0 to indefinitely suspend the pharmacist license of Alaa Alkhalil for not less than 2 years and stay the suspension pending certain terms and conditions.
ADJOURN:	6:40 PM

_____

Caroline D. Juran, Executive Director

Date: _____

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VIRGINIA BOARD OF PHARMACY
MINUTES OF SPECIAL CONFERENCE COMMITTEE

September 2, 2026
Commonwealth Conference Center
Second Floor
Board Room # 4

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233

CALL TO ORDER:	A meeting of a Special Conference Committee (Innovative Pilot) of the Board of Pharmacy was called to order at 9:05 am.
PRESIDING:	Shannon Dowdy, Committee Chair
MEMBER PRESENT:	Jay Agarwal, Committee Member
STAFF PRESENT:	Caroline D. Juran, Executive Director Ellen Shinaberry, Deputy Executive Director Christine Andreoli Esq., Adjudication Consultant Tim Reilly, Compliance & Innovative Pilot Program Manager
Virginia Hospital Center Arlington Pharmacy	Tamer Elhabibi, PhD, Pharmacy Operations Manager and Nancy Nystrom, PhD, Pharmacist, Associate Vice President, System Pharmacy Services for Virginia Hospital Center appeared in person to discuss the proposed innovative pilot program "Technician Product Verification Tech Check Tech" as stated in the Notice dated July 21, 2026**.**
DISCUSSION:	Representatives of Virginia Hospital Center Arlington Pharmacy presented information related to the application for use of a Technician Product Verification Tech Check Tech.
DECISION:	Upon a motion by Jay Agarwal and duly seconded by Shannon Dowdy, the Committee voted unanimously to approve the innovative pilot program for three years with certain terms and conditions for "Technician Product Verification Tech Check Tech."
BHG XLI, LLC d/b/a BHG Chesapeake Treatment Center, BHG XLII, LLC	Hunter Goode, Pharmacist and Amber Norbeck, Pharm D. appeared in person to discuss the proposed innovative pilot

d/b/a BHG Virginia Beach Treatment Center, BHG XLII, LLC d/b/a BHG Glen Allen Treatment Center, BHG XLII, LLC d/b/a BHG Newport News Treatment Center	program "ZING Automated Dispensing Machine with PROOF Verification" as stated in the Notice dated August 14, 2026.
DISCUSSION:	Representatives of BHG XLI, LLC d/b/a BHG Chesapeake Treatment Center, BHG XLII, LLC d/b/a BHG Virginia Beach Treatment Center, BHG XLII, LLC d/b/a BHG Glen Allen Treatment Center, BHG XLII, LLC d/b/a BHG Newport News Treatment Center presented information related to the application for use of a ZING Automated Dispensing Machine with PROOF Verification.
DECISION:	Upon a motion by Jay Agarwal, and duly seconded by Shannon Dowdy, the Committee voted unanimously to approve the innovative pilot program for three years with certain terms and conditions for "ZING Automated Dispensing Machine with PROOF Verification."

Caroline D. Juran
Executive Director

Date

Board of Pharmacy
Current Regulatory Actions
As of August 21, 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	3012 days; 9.3 years since submission for executive branch review	Addresses a patient safety concern.
18VAC110-20 18VAC110-21	NOIRA	Amendments to Chapters 20 and 21 based on 2021 periodic review	1/14/2026	18 days	Combined regulatory action to replace withdrawn NOIRAs based on periodic review to remove obsolete changes
18VAC110-20	Proposed	Requirements for use of central fill pharmacy and remote database access	1/8/2026	14 days	Replaces emergency regulations mandated by legislation

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	1092 days	Implements changes identified during the periodic review process
18VAC110-20	NOIRA	Update to pharmacy permit application requirements	1/13/2026	210 days	Includes updates to applications noted in periodic reviews of Chapter 20
18VAC110-20	Proposed	Exclusion of private dwellings	10/7/2025	176 days	Addresses a safety concern

		or residences from operating locations of CSRs			and coordinates CSR requirements with other establishment requirements.

In the Department of Planning and Budget

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC110-20	Fast-track	Exemption of analytical laboratories from regulatory alarm system requirements	6/26/2026	25 days	Creates consistent requirements for analytical laboratories in Virginia
18VAC110-20	Fast-track	Amendment of definition of hospital to include hospitals for animals which hold a veterinary establishment registration	6/26/2026	29 days	Incorporates animal hospitals

In the Office of the Attorney General

None.

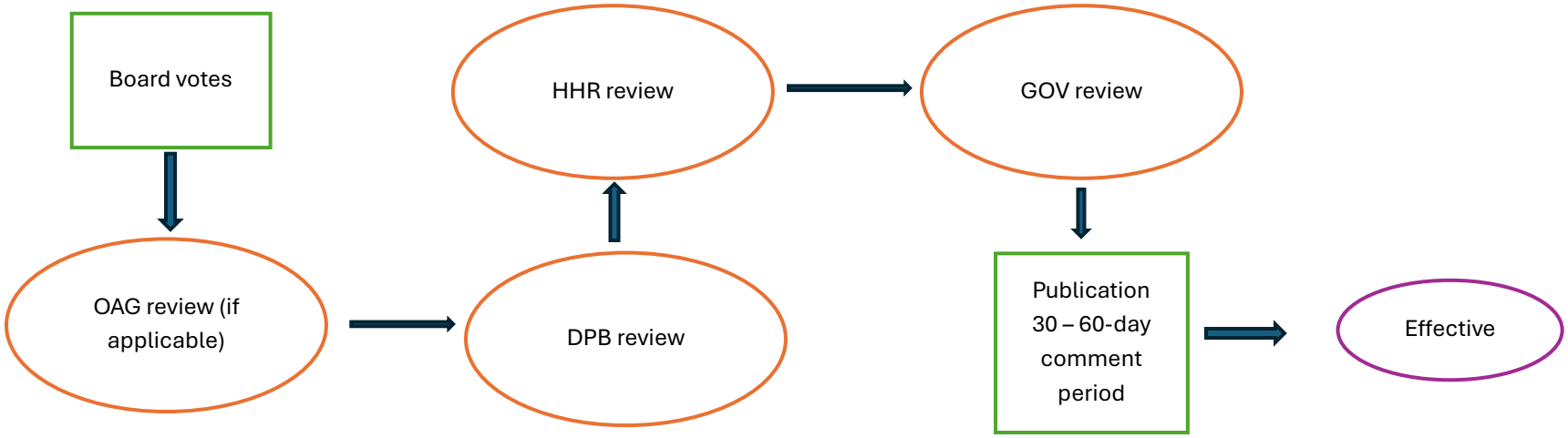
Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date/ next steps
18VAC110-20	Final	Crisis stabilization services and use of automated dispensing systems and remote dispensing systems	6/15/2026	7/15/2026
18VAC110-20	Fast-track	Allowance for correctional facilities to possess long-acting medication	7/13/2026	8/27/2026

18VAC110-20 18VAC110-21 18VAC110-30 18VAC110-50	Final	Increase in fees	3/27/2025	9/23/2026
18VAC110-20	Exempt/ Final	June 2026 scheduling of chemicals in Schedule I	8/24/2026	9/23/2026
18VAC110-20	Exempt/ Final	June 2026 scheduling action to conform to federal scheduling changes September 2025 to May 2026	8/24/2026	9/23/2026
18VAC110-20	Exempt/ Final	Exempt scheduling action following 2026 legislation	8/24/2026	9/23/2026
18VAC110-20	Fast-track	Clarification regarding delivery of dispensed prescriptions	9/7/2026	10/22/2026
18VAC110-21	Fast-track	Allowance for students to take NABP exam prior to graduation	9/7/2026	10/22/2026
18VAC110-20	NOIRA	Therapeutic interchange and adaptation regulations pursuant to SB418	9/7/2026	Comment period 9/7/2026 – 10/7/2026
18VAC110-20	NOIRA	Addition of prescription product accuracy as an accepted activity for central or remote processing	9/21/2026	Comment period 9/21/2026 – 10/21/2026
18VAC110-20	Fast-track	Inclusion of other opioid antagonists in regulations referring to naloxone	9/21/2026	11/5/2026

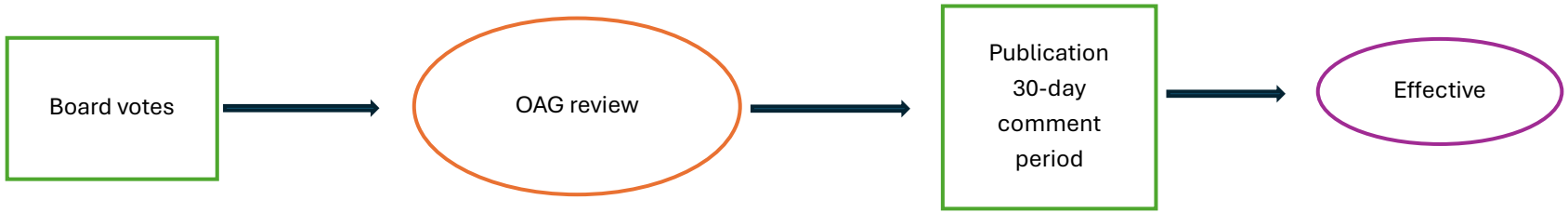
Regulatory Process

Standard rulemaking and fast-track



*Standard rulemaking includes three steps: notice of intended regulatory action ("NOIRA"), proposed stage, and final stage. Fast-track rulemaking includes one step.

Exempt regulations



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

Included in your agenda package:

- Recommendation from the Department of Forensic Science to place certain chemicals in Schedule I; and

- Amendments to 18VAC110-20-322.

Action needed:

- Motion to adopt exempt changes to 18VAC20-322 to add chemicals to Schedule I.

COMMONWEALTH of VIRGINIA

DEPARTMENT OF FORENSIC SCIENCE

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

8850 Times Dispatch Boulevard, Suite 100
Mechanicsville, VA 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: July 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 seven (7) compounds for recommended inclusion into the Code of Virginia.

The following compound is classified as a synthetic opioid. Compounds of this type have been placed in Schedule I (§ 54.1-3446(1)) in previous legislative sessions.

1. **5-nitro-2-[2-(4-propoxyphenyl)ethyl]-1-[2-(pyrrolidin-1-yl)ethyl]-1H-1,3-benzimidazole (other names: N-pyrrolidino ethylene protonitazene, ethylene protonitazepyne)**, its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers and salts is possible within the specific chemical designation.

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.

2. **1-(1,3-benzodioxol-5-yl)-2-(sec-butylamino)butan-1-one (Other names: 3,4-Methylenedioxy-alpha-sec-butylaminobutiophenone; N-sec butyl butylone)**, its salts, isomers (optical, position, and geometric), and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

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

4. **3-[2-[methyl(propan-2-yl)amino]ethyl]-1H-indol-4-yl] acetate (other names: 4-acetoxy-N-methyl-N-isopropyltryptamine, 4-acetoxy-MiPT, 4-AcO-MiPT)**, 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.

Based on their chemical structure, the following compounds are expected to have depressant properties. Compounds of this type have been placed in Schedule I (§ 54.1-3446(4)) in previous legislative sessions.

5. **1-ethyl-7-nitro-5-phenyl-3H-1,4-benzodiazepin-2-one (other name: N-ethyl Nitrazepam)**, 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.

6. **Ethylflualprazolam (other name: 8-chloro-1-ethyl-6-(2-fluorophenyl)-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine)**, 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 following compound is classified as a cannabimimetic agent. Compounds of this type have been placed in Schedule I (§ 54.1-3446(6)) in previous legislative sessions.

7. **Methyl N-{[5-bromo-1-(4-penten-1-yl)-1H-indazol-3-yl]carbonyl}-3-methyl-valinate (other name: MDMB-5'Br-4en-PINACA)**, its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

Robyn Weimer
Chemistry Program Manager

Project 8757 - Final

Board of Pharmacy

September 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-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.

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 compound classified as a synthetic opioid: 5-nitro-2-[2-(4-propoxyphenyl)ethyl]-1-[2-(pyrrolidin-1-yl)ethyl]-1H-1,3-benzimidazole (other names: N-pyrrolidino ethylene protonitazene, ethylene protonitazepyne), its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the

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

2. The following compounds expected to have hallucinogenic properties:

a. 1-(1,3-benzodioxol-5-yl)-2-(sec-butylamino)butan-1-one (Other names: 3,4-Methylenedioxy-alpha-sec-butylaminobutiophenone; N-sec butyl butylone), its salts, isomers (optical, position, and geometric), and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

b. 3-[2-(methyl(propyl)amino)ethyl]-1H-indol-4-yl] acetate (other names: 4-acetoxy-N-methyl-N-propyltryptamine, 4-acetoxy-MPT, 4-AcO-MPT), 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. 3-[2-[methyl(propan-2-yl)amino]ethyl]-1H-indol-4-yl] acetate (other names: 4-acetoxy-N-methyl-N-isopropyltryptamine, 4-acetoxy-MiPT, 4-AcO-MiPT), 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 compounds expected to have depressant properties:

a. 1-ethyl-7-nitro-5-phenyl-3H-1,4-benzodiazepin-2-one (other name: N-ethyl Nitrazepam), 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. Ethylflualprazolam (other name: 8-chloro-1-ethyl-6-(2-fluorophenyl)-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine), 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 compound classified as a cannabimimetic agent: Methyl N-{[5-bromo-1-(4-penten-1-yl)-1H-indazol-3-yl]carbonyl}-3-methyl-valinate (other name: MDMB-5'Br-4en-PINACA), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

The placement of drugs listed in this subsection shall remain in effect until [April 15, 2028], unless enacted into law in the Drug Control Act.

Agenda Item: Adoption of exempt regulatory action for optometrist dispensing

Included in your agenda package:

- SB212 (2026, Boysko) allowing optometrists to sell and dispense Schedule VI controlled substances to patients for treatment of conditions of the eye and its adnexa; and

- Draft regulatory amendments adding optometrists to practitioners authorized to obtain a limited-use license to sell and dispense controlled substances.

Staff note: Licensees of other boards incorporated under the term "practitioner of the healing arts" are separate from optometrists and have different requirements. When Chapter 30 was originally promulgated, practitioners of the healing arts were the only professionals able to obtain a limited-use license to sell and dispense controlled substances. Because of this, additional changes to the chapter must be made to separate optometrists from practitioners of the healing arts.

Additionally, the revised fees will be reflected in the published action. At the time this regulatory action was created in the Virginia Registrar's system, the previous fees were effective.

Action needed:

- Motion to adopt exempt regulatory action to provide for limited-use licenses to optometrists to sell and dispense certain Schedule VI controlled substances.

CHAPTER 941

An Act to amend and reenact § 54.1-3304.1 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 54.1-3222.1, relating to TPA-certified optometrists; selling and dispensing Schedule VI controlled substances; requirements.

[S 212]

Approved April 13, 2026

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-3304.1 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding a section numbered 54.1-3222.1 as follows:

§ 54.1-3222.1. Selling and dispensing Schedule VI controlled substances by TPA-certified optometrist; requirements.

A. A TPA-certified optometrist may sell and dispense any Schedule VI controlled substances, as defined in § 54.1-3455 of the Drug Control Act (§ 54.1-3400 et seq.), directly to a patient for the treatment of conditions of the eye and its adnexa, provided that:

1. The TPA-certified optometrist is authorized to prescribe the Schedule VI controlled substance pursuant to § 54.1-3222; and

2. Such selling or dispensing is extended only to the optometrist's own patients, and such sale or dispensation complies with the provisions of this section.

B. A TPA-certified optometrist shall not engage in selling or dispensing a Schedule VI controlled substance unless he is licensed to do so by the Board of Pharmacy. The premises of a TPA-certified optometrist who sells or dispenses a Schedule VI controlled substance shall be subject to inspection by the Department of Health Professions to ensure compliance with Chapter 33 (§ 54.1-3300 et seq.), the Drug Control Act (§ 54.1-3400 et seq.), and the Board of Pharmacy's regulations.

C. A TPA-certified optometrist shall (i) be present on the premises at the time the Schedule VI controlled substance is sold and dispensed to a patient and be actively involved in the dispensing process; (ii) inform the patient of the appropriate use of the Schedule VI controlled substance being sold and dispensed; and (iii) comply with all applicable Board of Optometry and Board of Pharmacy regulations concerning the storage, packaging, labeling, recordkeeping, and reporting of the controlled substances sold and dispensed.

D. Dispensing and selling pursuant to this section shall be limited to (i) finished pharmaceutical products that are dispensed and sold strictly in accordance with the manufacturer's labeling and that are in the manufacturer's original, unaltered form; (ii) drugs intended solely for patient self-administration outside the optometrist's office; and (iii) prescriptions that are topical, ophthalmic, or oral in form. No pharmaceutical product dispensed or sold pursuant to this section shall be compounded, repackaged, or otherwise altered by the optometrist.

E. Nothing in this section shall be construed to otherwise expand the administrative or prescriptive authority of a doctor of optometry.

F. The Board of Optometry, in consultation with the Board of Pharmacy, may promulgate regulations to implement the provisions of this section, including provisions for the storage, packaging, labeling, recordkeeping, and reporting of controlled substances dispensed by a TPA-certified optometrist.

§ 54.1-3304.1. Authority to license and regulate practitioners; permits.

A. The Board of Pharmacy shall have the authority to license and regulate the dispensing of controlled substances by practitioners of the healing arts. Except as prescribed in this chapter or by Board regulations, it ~~shall be~~ *is* unlawful for any practitioner of the healing arts to dispense controlled substances within the Commonwealth unless licensed by the Board to sell controlled substances.

B. Facilities from which practitioners of the healing arts dispense controlled substances shall obtain a permit from the Board and comply with the regulations for practitioners of the healing arts to sell controlled substances. Facilities in which only one practitioner of the healing arts is licensed by the Board to sell controlled substances shall be exempt from fees associated with obtaining and renewing such permit.

C. The Board of Pharmacy may issue a limited-use license for the purpose of dispensing Schedule VI controlled substances, excluding the combination of misoprostol and methotrexate, and hypodermic syringes and needles for the administration of prescribed controlled substances to a doctor of medicine, osteopathic medicine, or podiatry, an advanced practice registered nurse, or a physician assistant, provided that such limited-use licensee is practicing at a nonprofit facility. Such facility shall obtain a limited-use permit from the Board and comply with regulations for such a permit.

D. The Board of Pharmacy may issue a limited-use license to a TPA-certified optometrist for the purpose of dispensing and selling of Schedule VI controlled substances consistent with the provisions of § 54.1-3222.1.

2. That the Board of Optometry and the Board of Pharmacy may promulgate regulations as necessary to implement the provisions of this act and such initial regulations shall be exempt from the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia). The Board of Pharmacy's regulations may include provisions for the issuance of a limited-use license consistent with the provisions of this act.

Project 8796 - Exempt Final

Board of Pharmacy

Regulations for TPA-certified optometrists to sell and dispense Schedule VI controlled substances pursuant to 2026 legislation

Chapter 30

Regulations for Practitioners ~~of the Healing Arts~~ to Sell Controlled Substances

18VAC110-30-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise.

"Board" means the Virginia Board of Pharmacy.

"Controlled substance" means a drug, substance, or immediate precursor in Schedules I through VI of the Drug Control Act.

"Licensee" means a practitioner who is licensed by the Board of Pharmacy to sell controlled substances.

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

"Practitioner" ~~or "practitioner of the healing arts"~~ means a doctor of medicine, osteopathic medicine, ~~or~~ podiatry, or physician assistant who possesses a current active license issued by the Board of Medicine, or an advanced practice registered nurse who possesses a current active license issued by the Boards of Nursing and Medicine, or a TPA-certified optometrist who possesses a current active license issued by the Board of Optometry. ~~For the purpose of a limited~~

~~use permit for a nonprofit facility, a "practitioner" or "practitioner of the healing arts" may also mean a physician assistant with a current active license issued by the Board of Medicine or an advanced practice registered nurse with a current active license issued by the Joint Boards of Nursing and Medicine.~~

"Practitioner of the healing arts" means a doctor of medicine, osteopathic medicine, or podiatry who possesses a current active license issued by the Board of Medicine. For the purpose of a limited-use permit for a nonprofit facility, a "practitioner of the healing arts" may also mean a physician assistant with a current active license issued by the Board of Medicine or an advanced practice registered nurse with a current active license issued by the Boards of Nursing and Medicine.

"Sale" means barter, exchange, or gift, or offer thereof, and each such transaction made by any person, whether as an individual, proprietor, agent, servant, or employee. It does not include the gift of manufacturer's samples to a patient.

"Special packaging" means packaging that is designed or constructed to be significantly difficult for children under five years of age to open or obtain a toxic or harmful amount of the controlled substance 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.

"TPA-certified optometrist" means an optometrist licensed by the Virginia Board of Optometry and authorized by the Board of Optometry to treat diseases and abnormal conditions of the human eye and its adnexa and to prescribe and administer certain therapeutic pharmaceutical agents.

"U.S.P.-N.F." means the United States Pharmacopeia-National Formulary.

18VAC110-30-15. Fees.

A. Unless otherwise provided, fees listed in this section shall not be refundable.

B. Initial application fees.

1. License for practitioner ~~of the healing arts~~ to sell controlled substances: $235.

2. Permit for facility in which practitioners of the healing arts sell controlled substances: $315.

C. Annual renewal fees.

1. License for practitioner ~~of the healing arts~~ to sell controlled substances: $120.

2. Permit for facility in which practitioners of the healing arts sell controlled substances: $315.

D. Late fees. The following late fees shall be paid in addition to the current renewal fee to renew an expired license within one year of the expiration date.

1. License for practitioner ~~of the healing arts~~ to sell controlled substances: $40.

2. Permit for facility in which practitioners of the healing arts sell controlled substances: $50.

E. Reinstatement fees. Any person or entity attempting to renew a license or permit more than one year after the expiration date shall submit an application for reinstatement with any required fees.

1. License for practitioner ~~of the healing arts~~ to sell controlled substances: $195.

2. Permit for facility in which practitioners of the healing arts sell controlled substances: $315.

3. Application fee for reinstatement of a license or permit that has been revoked or suspended indefinitely: $650.

F. Facilities in which only one practitioner of the healing arts is licensed by the board to sell controlled substances shall be exempt from fees associated with obtaining and renewing a facility

permit. Facilities that change from only one practitioner to more than one shall notify the board within 30 days of such change.

G. The fee for reinspection of any facility shall be $300.

H. The handling fee for returned check or a dishonored credit card or debit card shall be $50.

18VAC110-30-20. Application for licensure.

A. Prior to engaging in the sale of controlled substances, a practitioner of the healing arts shall make application on a form provided by the board and be issued a license. ~~After June 7, 2016, the practitioner~~ Practitioners of the healing arts shall engage in such sale from a location that has been issued a facility permit.

B. Prior to engaging in the sale of Schedule VI controlled substances, excluding the combination of misoprostol and methotrexate, and hypodermic syringes and needles for the administration of prescribed controlled substances from a nonprofit facility, a doctor of medicine, osteopathic medicine, or podiatry, an advanced practice registered nurse, or a physician assistant shall make application on a form provided by the board and be issued a limited-use license.

C. A TPA-certified optometrist shall be issued a limited-use license from the board prior to engaging in the sale of Schedule VI controlled substances.

~~C.~~ D. Any disciplinary action taken by the Board of Medicine, the Board of Optometry, or in the case of an advanced practice registered nurse, by the ~~Joint~~ Boards of Nursing and Medicine, against the practitioner's license to practice shall constitute grounds for the board to deny, restrict, or place terms on the license to sell.

18VAC110-30-30. Renewal of license or permit.

A. A license or facility permit so issued shall be valid until December 31 of the year of issue. Renewal of the license shall be made on or before December 31 of each year.

B. If a practitioner or practitioner of the healing arts fails to renew his license or facility permit to sell within the Commonwealth by the renewal date, he must pay the renewal fee plus the late fee. He may renew his license or facility permit by payment of these fees for one year from the date of expiration.

C. Failure to renew the license or facility permit to sell within one year following expiration shall cause the license or permit to lapse. The selling of controlled substances with a lapsed license or permit shall be illegal and may subject the practitioner to disciplinary action by the board. To reinstate a lapsed license or permit, a practitioner shall submit an application for reinstatement and pay the reinstatement fee, plus the reinspection fee if a reinspection is required as set forth in subsection D of this section. Reinstatement is at the discretion of the board and may be granted by the executive director on the board's behalf provided no grounds exist to deny said reinstatement.

D. Prior to reinstatement of a facility permit that has been lapsed for more than one year, a reinspection of the storage and selling area shall be conducted. A practitioner of the healing arts seeking reinstatement of a facility permit shall not stock drugs until approved by the board or its authorized agent.

E. Prior to reinstatement of a license issued to a TPA-certified optometrist that has been lapsed for more than one year, reinspection of the storage and selling area shall be conducted. A TPA-certified optometrist seeking reinstatement of a license shall not stock drugs until approved by the board or its authorized agent.

~~E.~~ F. The selling of controlled substances without a current, active license for practitioners or a current, active license and facility permit for practitioners of the healing arts is unlawful and shall constitute grounds for disciplinary action by the board.

18VAC110-30-50. Licensees ceasing to sell controlled substances; inventory required prior to disposal.

A. Any licensee who intends to cease selling controlled substances shall notify the board 10 days prior to cessation and surrender his license, and his license will be placed on expired status. If no other practitioner of the healing arts licensed to sell controlled substances intends to sell controlled substances from the same location, the practitioner shall also surrender the facility permit, and the permit will be placed on expired status.

B. Any Schedules II through V controlled substances shall be inventoried and may be disposed of by transferring the controlled substance stock to another licensee or other person authorized by law to possess such drugs or by destruction as set forth in this chapter.

C. The licensee or other responsible person shall inform the board of the name and address of the licensee to whom the controlled substances are transferred.

D. A licensee who has surrendered his license or facility permit pursuant to this section may request that it be made current again at any time within the same renewal year without having to pay an additional fee, provided the licensee is selling from the same location or from another location that has been inspected and approved by the board.

18VAC110-30-70. Practitioner in charge in a permitted facility<u>; practitioner with limited use license</u>.

<u>A.</u> A facility with a permit for practitioners of the healing arts to sell controlled substances shall:

1. Designate a practitioner with a license to sell controlled substances who shall be the primary person responsible for the stock, the required inventory, the records of receipt and destruction, safeguards against diversion and compliance with this chapter;

2. Report to the board the name of the licensee and the location of the controlled substance stock on a form provided by the board;

3. Upon a change in the licensee so designated, an inventory of all Schedules II through V controlled substances shall be conducted in the manner set forth in § 54.1-3404 of the Drug Control Act of the Code of Virginia and such change shall immediately be reported to the board; and

4. Nothing shall relieve the other individual licensees who sell controlled substances at the location of the responsibility for the requirements set forth in this chapter.

B. A TPA-certified optometrist with a license to sell controlled substances in a non-permitted facility shall:

1. Assume primary responsibility for the stock, the required inventory, the records of receipt and destruction, safeguards against diversion and compliance with this chapter; and

2. Report to the board the location of the controlled substance stock on a form provided by the board.

18VAC110-30-80. Inspection and notice required.

A. The area designated for the storage and selling of controlled substances shall be inspected by an agent of the board prior to the issuance of the first license to sell controlled substances from that site. Inspection prior to issuance of subsequent licenses at the same location shall be conducted at the discretion of the board.

B. Applications ~~for facility permits~~ that indicate a requested inspection date, or requests that are received after the application is filed, shall be honored provided a 14-day notice to the board is allowed prior to the requested inspection date.

C. Requested inspection dates that do not allow a 14-day notice to the board may be adjusted by the board to provide 14 days for the scheduling of the inspection.

D. At the time of the inspection, the controlled substance selling and storage area shall comply with 18VAC110-30-90, 18VAC110-30-100, 18VAC110-30-110, 18VAC110-30-120, and 18VAC110-30-130.

E. If an applicant substantially fails to meet the requirements ~~for issuance of a facility permit~~ and a reinspection is required, or if the applicant is not ready for the inspection on the established date and fails to notify the inspector or the board at least 24 hours prior to the inspection, the applicant shall pay a reinspection fee as specified in 18VAC110-30-15 prior to a reinspection being conducted.

F. No ~~facility~~ permit or limited-use license for TPA-certified optometrists shall be issued to sell controlled substances until adequate safeguards against diversion have been provided for the controlled substance storage and selling area and approved by the inspector or board staff.

G. The licensee shall notify the board of any substantive changes to the approved selling and storage area including moving the location of the area, making structural changes to the area, or making changes to the alarm system for the area prior to the changes being made and pay a reinspection fee. An inspection shall be conducted prior to approval of the new or altered selling and storage area.

18VAC110-30-270. Grounds for disciplinary action.

In addition to those grounds listed in § 54.1-3316 of the Code of Virginia, the board may revoke, suspend, or refuse to issue or renew a license to sell controlled substances or may deny any application if it finds that the licensee or applicant has had his license to practice medicine, osteopathic medicine, or podiatry ~~or~~, license as a physician assistant ~~or~~, license as an advanced practice registered nurse, or license as a TPA-certified optometrist suspended or revoked in Virginia or in any other state or no longer holds a current active license to practice in the Commonwealth of Virginia.

Agenda Item: Repeal of Guidance Document 110-12 and adoption of replacement policy document

Included in your agenda package:

- Existing Guidance Document 110-12, addressing Board bylaws; and
- Identical document to be adopted as a policy document.

Action needed:

- Motion to repeal Guidance Document 110-12 and adopt policy document as presented to be effective as of the date Guidance Document 110-12 is officially repealed.

BYLAWS OF THE VIRGINIA BOARD OF PHARMACY

ARTICLE I: GENERAL

The organizational year for the Board shall be from January 1st 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 chairmen 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 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 the 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 perform all functions pertaining to the position of chairman. The chairman may call for additional meetings of the Board pursuant to Article I of these bylaws subject to availability of resources.

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, the 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 verbal, confidential 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 verbally and confidentially by the chairman of the Board with the Director of the Department of Health Professions and the Executive Director of the Board.

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
Regulation Committee
Pilot Committees
Delegation and Bylaws Committee

1. Special Conference Committees. These committees shall consist of 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 but not greater than three 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, or for other good cause, 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 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.

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Agenda Item: Amendment to Guidance Document 110-17

Included in your agenda package:

- Mark up of Guidance Document 110-17 making references to English language testing scores generic due to frequent changes and including language accounting for additional English language examinations accepted by NABP; and

- Clean version of Guidance Document 110-17 with changes accepted.

Action needed:

- Motion to amend Guidance Document 110-17 as presented.

VIRGINIA BOARD OF PHARMACY

Instructions for Graduates of Foreign Schools of Pharmacy

Each step of the following requirements must be completed in the order listed to be eligible for a pharmacist license in Virginia:

1. FPGEC Certification Program

Graduates of foreign colleges of pharmacy must first obtain the Foreign Pharmacy Graduate Equivalency Committee ("FPGEC") certification from the National Association of Boards of Pharmacy ("NABP"). No alternative exists in Virginia to this process for certifying the equivalency of pharmacy education and proficiency in written and spoken English. The FPGEC certification shows the following:

a. That the person is a graduate of a foreign college of pharmacy and that the educational and licensure credentials have been evaluated and found to be valid and substantively equivalent to those in the United States;

b. That the person has successfully completed the Foreign Pharmacy Graduate Equivalency Examination ("FPGEE");

c. That the person has successfully completed the written and oral communication ability tests of English as ~~follows:~~provided on the Internet Based Test of English as a Foreign Language ("TOEFL iBT") or any alternative examination accepted by NABP.

- ~~**Beginning October 25, 2025,** all new candidates for FPGEC certification must complete the Internet Based Test of English as a Foreign Language ("TOEFL iBT") with a minimum passing score for each component as follows: Writing – 22, Speaking – 25, Listening – 22, and Reading – 21.~~

- ~~**Between March 1, 2024 and October 24, 2025,** all new candidates for FPGEC certification must complete the TOEFL iBT with a minimum passing score for each component as follows: Writing – 24, Speaking – 26, Listening – 21, and Reading – 22.~~

- ~~**Between April 1, 2010 and February 28, 2014,** all new candidates for FPGEC certification must complete the TOEFL iBT with a minimum passing score for each component as follows: Writing – 24, Speaking – 26, Listening – 18, and Reading – 21. Scores for this exam will no longer be accepted from an international Educational Testing Service ("ETS") test site location. These candidates who are unsuccessful in meeting all requirements for certification prior to June 1, 2014,~~

~~must meet the new minimum score requirements of the TOEFL iBT in order to obtain certification.~~

2. Practical Experience Requirement

An applicant must obtain at least **1500 hours** of practical experience within the United States. **Prior to** gaining practical experience in Virginia for credit, the applicant must register with the Virginia Board of Pharmacy as a **pharmacy intern**. The online application for registration as a pharmacy intern may be found on the Board of Pharmacy's website at https://www.dhp.virginia.gov/Boards/Pharmacy/PractitionerResources/FormsandApplications/. Pursuant to regulation, the applicant must submit the application, pay the required fee, and provide the Virginia pharmacy location where the experience is to be gained as well as the name of the supervising pharmacist. Once the practical experience has been obtained, the pharmacy intern must submit an affidavit to the Board documenting the practical experience. These hours must meet the following requirements:

a. Credit will not be given for more than 50 hours in any one week or for less than an average of 20 hours a week averaged over a month.

b. A pharmacy intern shall be supervised by a pharmacist who holds a current, unrestricted license and assumes full responsibility for the training, supervision, and conduct of the intern.

c. Practical experience gained in another state within the U.S. must be certified by that state's board of pharmacy and may require registration as a pharmacy intern with that state board.

d. A temporary intern registration may be issued without a social security number **for 90 days only** pursuant to Virginia Code § 54.1-116.

3. A Completed Application

Once the requirements of sections 1 and 2, above, are completed, an applicant may submit an application for licensure as a pharmacist. The applicant should also apply to take the North American Pharmacist Licensure Examination ("NAPLEX") (if applying for initial licensure by examination) and the Uniform Multistate Pharmacy Jurisprudence Examination ("UMPJE") offered by NABP. If the applicant is approved, authorization to test will be granted ~~by the Board~~. Detailed information about the NAPLEX and UMPJE, the registration process, scheduling an appointment to test, requirements for test day, and both the NAPLEX and UMPJE blueprints which contain a list of competency statements that comprise the topics covered on the exams may be found at www.nabp.pharmacy.

a. If applying for initial licensure in Virginia by examination, an applicant must apply online and submit the required fee. The applicant may omit the college affidavit section.

b. If applying to transfer a pharmacist's license from another state within the United States (licensure by endorsement), an applicant must go through NABP's license transfer process. In order to be eligible to transfer a license from another state, an applicant must also have met the requirements of sections 1 and 2, above.

All forms required are available on the Board of Pharmacy website at https://www.dhp.virginia.gov/Boards/Pharmacy/. FPGEC, NAPLEX, and UMPJE information can be found at www.nabp.pharmacy.

VIRGINIA BOARD OF PHARMACY

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Each step of the following requirements must be completed <u>in the order listed</u> to be eligible for a pharmacist license in Virginia:

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b. That the person has successfully completed the Foreign Pharmacy Graduate Equivalency Examination ("FPGEE");

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An applicant must obtain at least **1500 hours** of practical experience within the United States. **Prior to** gaining practical experience in Virginia for credit, the applicant must register with the Virginia Board of Pharmacy as a **pharmacy intern**. The online application for registration as a pharmacy intern may be found on the Board of Pharmacy's website at https://www.dhp.virginia.gov/Boards/Pharmacy/PractitionerResources/FormsandApplications/. Pursuant to regulation, the applicant must submit the application, pay the required fee, and provide the Virginia pharmacy location where the experience is to be gained as well as the name of the supervising pharmacist. Once the practical experience has been obtained, the pharmacy intern must submit an affidavit to the Board documenting the practical experience. These hours must meet the following requirements:

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c. Practical experience gained in another state within the U.S. must be certified by that state's board of pharmacy and may require registration as a pharmacy intern with that state board.

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Once the requirements of sections 1 and 2, above, are completed, an applicant may submit an application for licensure as a pharmacist. The applicant should also apply to take the North American Pharmacist Licensure Examination ("NAPLEX") (if applying for initial licensure by examination) and the Uniform Multistate Pharmacy Jurisprudence Examination ("UMPJE") offered by NABP. If the applicant is approved, authorization to test will be granted. Detailed information about the NAPLEX and UMPJE, the registration process, scheduling an appointment to test, requirements for test day, and both the NAPLEX and UMPJE blueprints which contain a list of competency statements that comprise the topics covered on the exams may be found at www.nabp.pharmacy.

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All forms required are available on the Board of Pharmacy website at https://www.dhp.virginia.gov/Boards/Pharmacy/. FPGEC, NAPLEX, and UMPJE information can be found at www.nabp.pharmacy.

Agenda Item: Amendment to Guidance Document 110-24

Included in your agenda package:

- Mark up of Guidance Document 110-24 to include the UMPJE and to accept passing scores set by NABP; and

- Clean version of Guidance Document 110-24 with changes accepted.

Action needed:

- Motion to amend Guidance Document 110-24 as presented.

Virginia Board of Pharmacy

Competency Examination and Jurisprudence Examination Required for Licensure as a Pharmacist
~~NAPLEX Passing Score~~

In addition to other requirements of law or regulation, pharmacists applying for licensure by examination or endorsement must pass a competence assessment examination approved by the Board and a jurisprudence examination approved by the Board. *See* 18VAC110-21-80.

Pharmacists ~~examined after June 1, 1979~~ must pass or have passed the National Association of Boards of Pharmacy Licensure Examination (NABPLEX) or its successor examination, the North American Pharmacist Licensure Examination ("NAPLEX") and the Uniform Multistate Pharmacy Jurisprudence Examination ("UMPJE"). ~~The Board determines that the minimum acceptable passing score for the NAPLEX is 75 on the NAPLEX scale and adopts by reference the method for calculating the score as outlined in the current edition of the NAPLEX Registration Bulletin.~~The minimum passing scores for ~~NAPLEX and UMPJE~~ these examinations are set by a panel of pharmacy experts convened by the National Association of Boards of Pharmacy. The Board accepts the minimum passing scores set by NABP for these examinations.

For pharmacists applying for licensure by endorsement, who were initially examined prior to June 1, 1979, the Board will accept the originating state's competence assessment examination and passing score as satisfactory evidence of meeting the same standard of competence required for licensure by examination in Virginia at that time.

Virginia Board of Pharmacy

Competency Examination and Jurisprudence Examination Required for Licensure as a Pharmacist

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Pharmacists must pass or have passed the National Association of Boards of Pharmacy Licensure Examination (NABPLEX) or its successor examination, the North American Pharmacist Licensure Examination ("NAPLEX") and the Uniform Multistate Pharmacy Jurisprudence Examination ("UMPJE"). The minimum passing scores for these examinations are set by a panel of pharmacy experts convened by the National Association of Boards of Pharmacy. The Board accepts the minimum passing scores set by NABP for these examinations.

For pharmacists applying for licensure by endorsement, who were initially examined prior to June 1, 1979, the Board will accept the originating state's competence assessment examination and passing score as satisfactory evidence of meeting the same standard of competence required for licensure by examination in Virginia at that time.

Agenda Item: Potential adoption of guidance document related to use of AI

Included in your agenda package:

- Draft new guidance document regarding use of artificial intelligence in practice.

Staff note: At the June 2026 Board meeting, the Board discussed potential adoption of a policy statement regarding the use of artificial intelligence. The action item included in draft minutes states that "Board members will submit suggested edits to Louisiana's position on AI to Ms. Juran and staff will draft a possible guidance document on the subject for consideration at a future meeting." Ms. Juran did not receive any comments from Board members regarding the Louisiana language, which states:

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

Staff have edited this language to fit guidance document requirements in Virginia.

Action needed:

- Motion to adopt Guidance Document 110-26.

Virginia Board of Pharmacy

Guidance on
Use of Artificial Intelligence in Practice

The Board recognizes the use of artificial intelligence ("AI") as a tool to assist pharmacists in automating routine tasks, which can enhance safety. AI, however, is to be used as a support mechanism and does not replace the pharmacist's professional judgment, clinical decision making, patient counseling, final verification, or responsibility for regulatory compliance and direct patient care.

Virginia Board of Pharmacy
September 15, 2026
Licenses Issued

	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	5/1/26 - 7/31/26	License Count 8/31/2026
Business CSR	69	55	35	37	17	65	1,784
CE Courses	0	0	0	1	0	0	0
EMS Designated Locations	75	44	13	38	10	26	740
Limited Use Facility Dispensing	0	1	0	0	0	1	8
Limited Use Pharmacy Technician	0	0	0	0	0	0	4
Medical Equipment Supplier	3	4	6	3	5	3	211
Non-restricted Manufacturer	0	0	0	0	0	2	37
Outsourcing Facility	0	0	0	0	0	0	1
Permitted Physician	0	0	0	0	0	0	0
Pharmacist	187	251	266	155	181	334	16,990
Pharmacist Volunteer Registration	0	0	0	0	0	0	0
Pharmacy	12	9	6	13	15	9	1,690
Pharmacy Intern	77	55	159	79	119	60	1,029
Pharmacy Technician	477	623	575	553	489	762	14,643
Pharmacy Technician Trainee	941	1,141	1,473	993	900	1,386	7,412
Physician Selling Controlled Substances	37	22	34	13	25	32	605
Limited Use Practitioner Dispensing	3	1	2	0	1	0	17
Nonresident Manufacturer	5	1	4	3	6	3	243
Nonresident Medical Equipment Supplier	10	5	11	14	9	17	408
Nonresident Outsourcing Facility	2	1	0	1	2	1	37
Nonresident Pharmacy	27	25	28	12	28	40	1,019
Nonresident Third Party Logistics Provider	11	4	7	11	12	18	287
Nonresident Warehouser	11	14	4	7	6	16	204
Nonresident Wholesale Distributor	17	19	15	11	10	16	651
Physician Selling Drugs Location	5	5	6	2	4	8	141
Pilot Programs	2	0	0	1	1	0	8
Repackaging Training Program	0	0	0	0	0	0	2
Restricted Manufacturer	0	0	0	0	1	0	30
Third Party Logistics Provider	1	0	0	1	1	0	8
Warehouser	0	4	0	2	2	2	125
Wholesale Distributor	1	0	2	1	1	2	61
Total	**1,973**	**2,284**	**2,646**	**1,951**	**1,845**	**2,803**	**48,395**

Virginia Department of
Health Professions

Current Count of Licenses

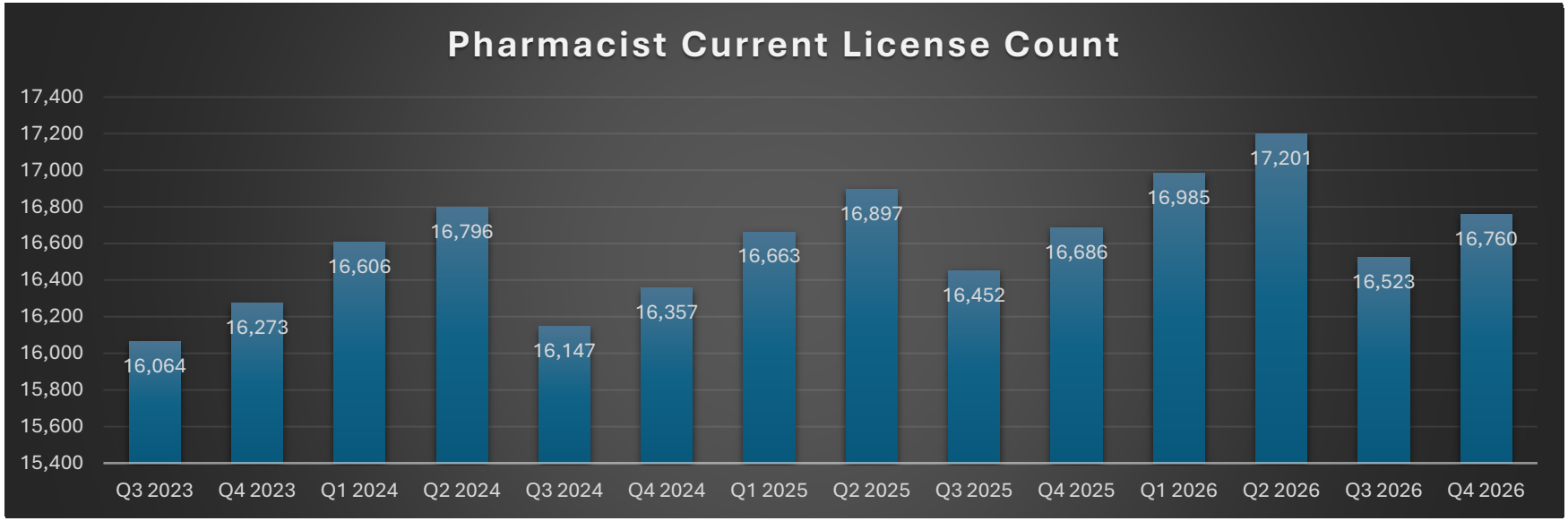
Quarterly Summary

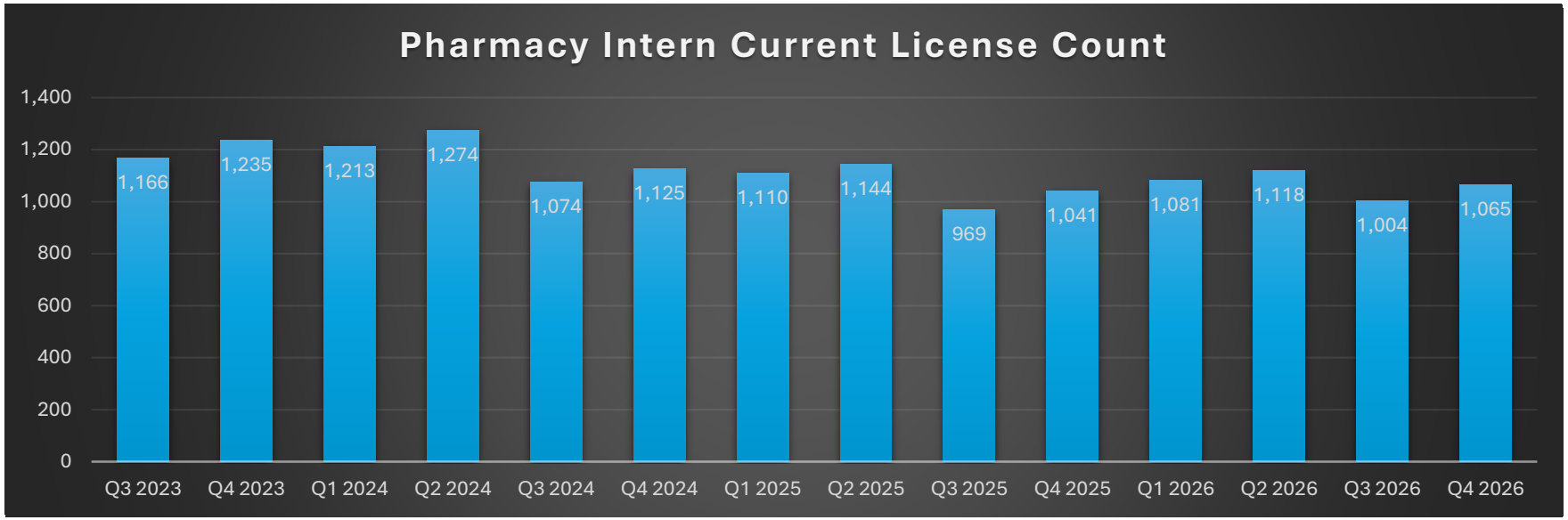
Quarter 4 Fiscal Year 2026

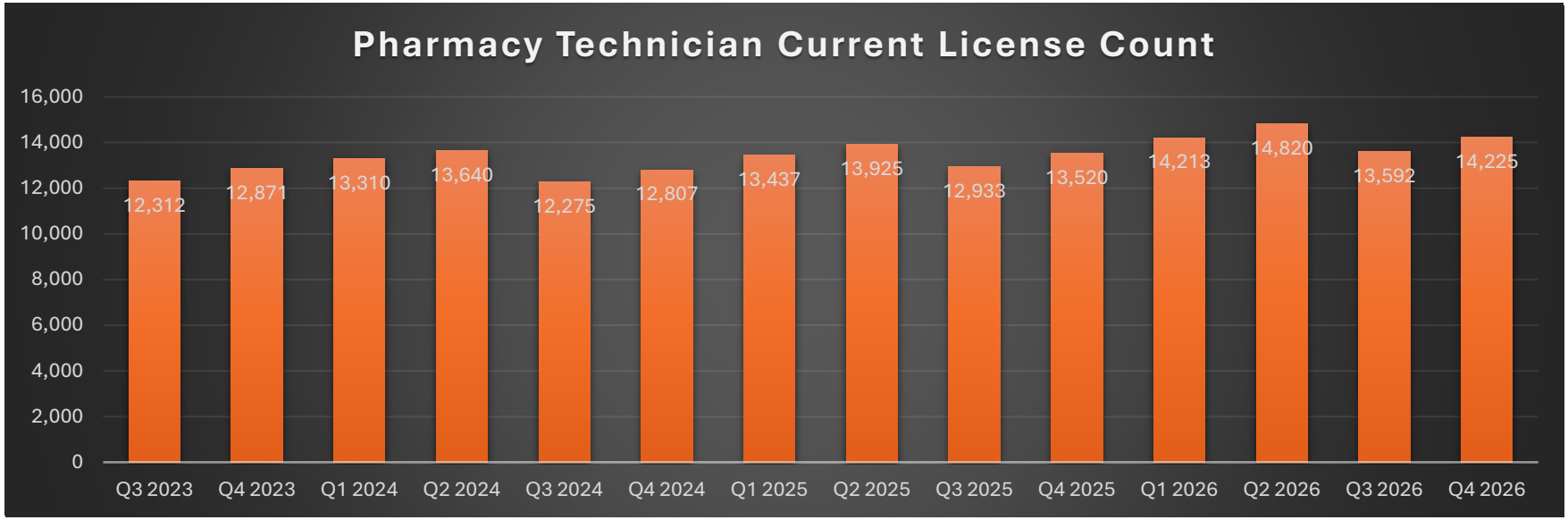
Current licenses by board and occupation as of the last day of the quarter.
*New Occupation
**QMHPs are now grouped together rather than listed separately as QMHP-Adult and QMHP-Child.

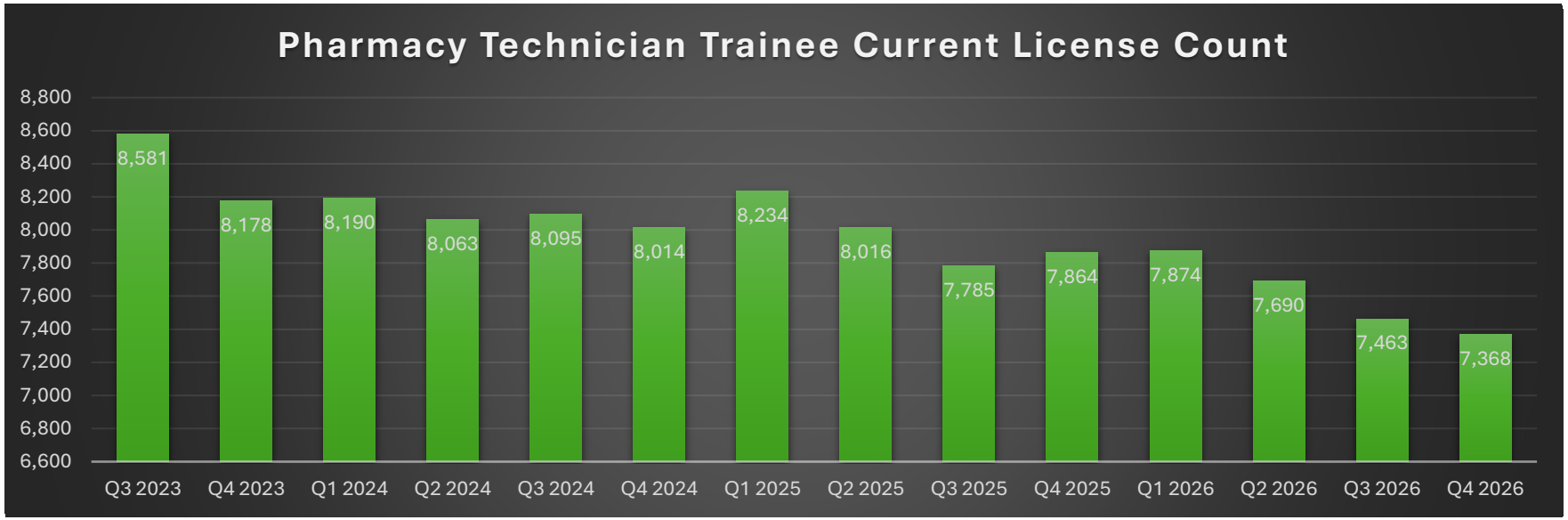
Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

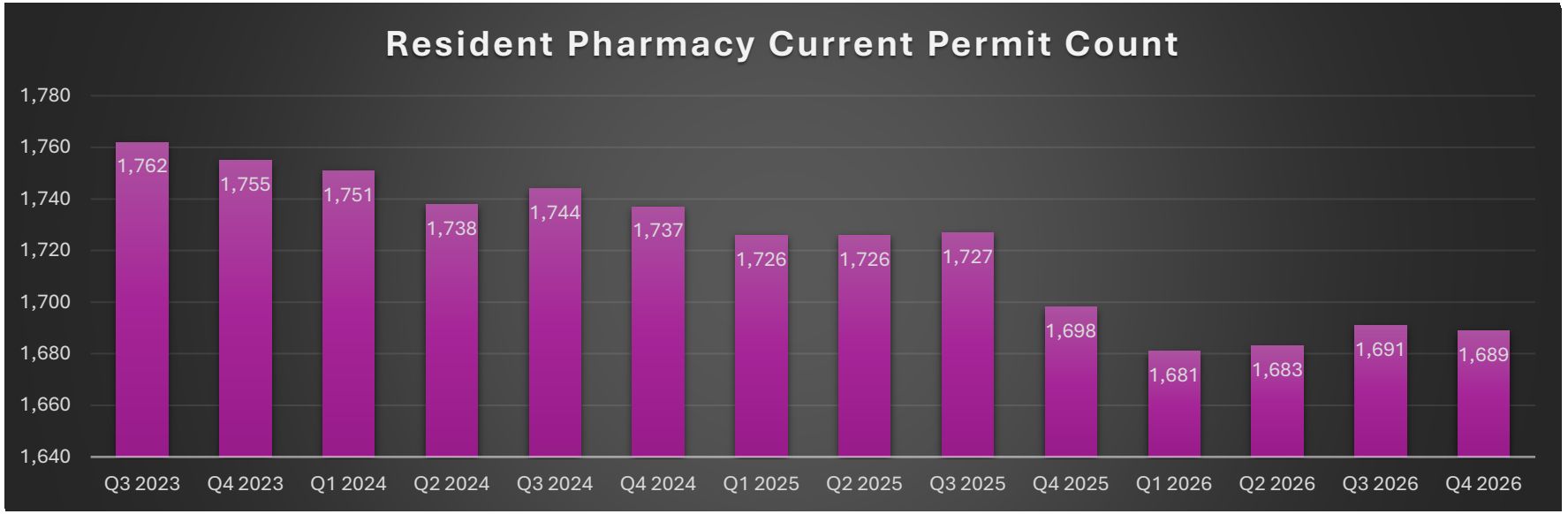
BOARD	Occupation	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Q3 2026	CURRENT Q4 2026
Optometry	Optometrist	65	49	50	51	51	46	46	46	46	41	41	41	41	35
	Laser-Certified TPA Optometrists	-	-	-	-	-	-	-	-	-	14	78	89	102	111
	Optometrist-Volunteer Registration	-	-	1	-	-	-	-	-	-	-	-	-	-	-
	TPA Certified Optometrist	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	1,747
	Total	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	1,893
Pharmacy	Business CSR	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	1,780
	CE Courses	9	9	9	9	9	9	9	9	9	-	-	-	-	-
	EMS Designated Location*	-	-	-	-	-	-	-	-	-	683	710	751	736	721
	Humane Society	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Limited Use Facility Dispensing	2	3	3	3	4	4	6	6	6	7	7	7	7	7
	Limited Use Pharmacy Technician	7	7	7	7	6	6	5	5	4	4	4	4	4	4
	Limited Use Practitioner Dispensing	3	3	4	6	8	8	12	12	16	18	20	20	16	17
	Medical Equipment Supplier	213	220	226	224	205	212	216	224	208	215	220	222	205	212
	Non-Resident Manufacturer	217	226	231	236	229	232	245	248	233	236	240	243	235	242
	Non-Resident Medical Equipment Supplier	346	355	367	379	345	367	380	390	367	373	383	395	377	393
	Non-resident Outsourcing Facility	35	33	32	31	31	33	33	37	36	38	39	38	40	41
	Non-resident Pharmacy	924	923	923	934	943	962	973	982	977	997	1,004	1,002	999	1,009
	Non-Resident Wholesale Distributor	610	624	635	641	612	624	633	637	621	642	658	664	633	646
	Non-restricted Manufacturer	35	35	35	35	32	34	36	36	36	36	36	36	35	37
	Non-Resident Third Party Logistics Prov.	207	219	229	238	234	241	247	254	252	259	259	272	272	280
	Non-resident Warehouser	109	114	123	130	127	142	154	167	171	183	186	194	182	193
	Outsourcing Facility	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Permitted Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacist	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	16,760
	Pharmacist-Volunteer Registration	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacy	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	1,689
	Pharmacy Intern	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	1,065
	Pharmacy Technician	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	14,225
	Pharmacy Technician Trainee	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	7,368

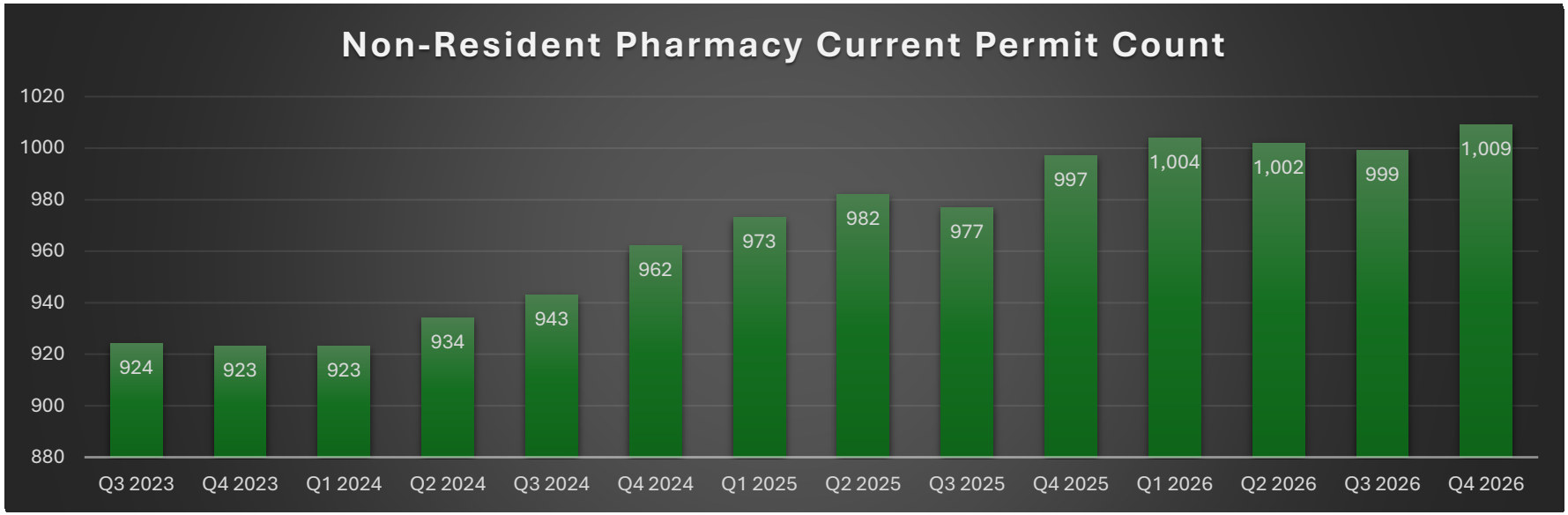

Pharmacist Current License Count
17,400
17,200
17,000
16,800
16,600
16,400
16,200
16,000
15,800
15,600
15,400
16,064
16,273
16,606
16,796
16,147
16,357
16,663
16,897
16,452
16,686
16,985
17,201
16,523
16,760
Q3 2023
Q4 2023
Q1 2024
Q2 2024
Q3 2024
Q4 2024
Q1 2025
Q2 2025
Q3 2025
Q4 2025
Q1 2026
Q2 2026
Q3 2026
Q4 2026


Pharmacy Intern Current License Count
1,400
1,200
1,000
800
600
400
200
0
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
1,065
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
Q4 2026


Pharmacy Technician Current License Count
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
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
14,225
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
Q4 2026


Pharmacy Technician Trainee Current License Count
8,800
8,600
8,400
8,200
8,000
7,800
7,600
7,400
7,200
7,000
6,800
6,600
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
7,368
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
Q4 2026


Resident Pharmacy Current Permit Count
1,780
1,760
1,740
1,720
1,700
1,680
1,660
1,640
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
1,689
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
Q4 2026


Non-Resident Pharmacy Current Permit Count
1020
1000
980
960
940
920
900
880
924
923
923
934
943
962
973
982
977
997
1,004
1,002
999
1,009
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
Q4 2026

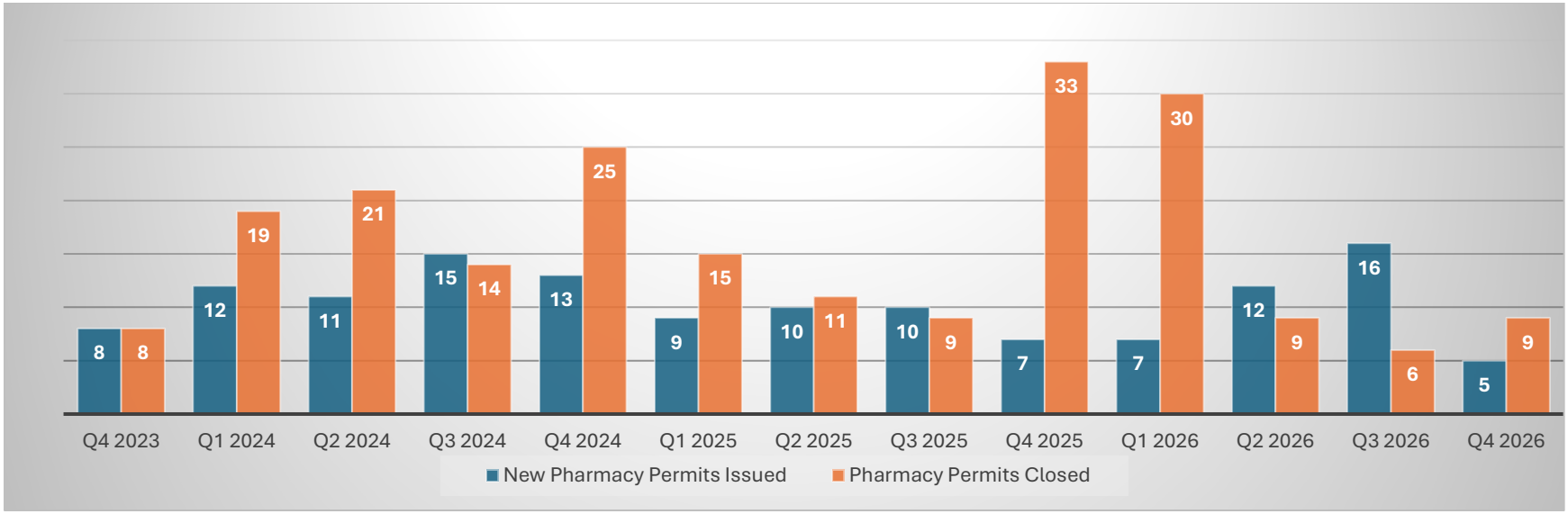
Virginia Department of
Health Professions

New License Count
Quarterly Summary
Quarter 4- 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	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	CURRENT Q4 2026
Pharmacy	Non-resident Outsourcing Facility	1	-	-	-	-	3	2	5	2	1	-	1	1	2
	Non-resident Pharmacy	28	18	24	21	25	28	30	20	15	29	31	18	21	29
	Non-resident Wholesale Distributor	9	10	14	9	8	9	15	7	13	18	19	12	6	15
	Non-restricted Manufacturer	2	-	-	-	-	1	2	-	-	-	-	-	-	2
	Outsourcing Facility	1	-	-	-	-	-	-	-	-	-	-	-	-	-
	Permitted Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacist	152	184	317	168	136	185	296	183	176	220	277	196	144	212
	Pharmacist-Volunteer Registration	-	1	4	-	-	-	-	-	-	-	-	-	-	-
	Non-resident Third Party Logistics Prov.	12	11	11	11	5	8	7	13	9	7	3	12	11	12
	Non-resident Warehouser	3	4	9	6	8	13	13	15	12	11	6	7	8	8
	Pharmacy Intern	132	83	85	104	88	69	76	86	83	85	122	78	129	74
	Pharmacy	15	8	12	11	15	13	9	10	10	7	7	12	16	5
	Pharmacy Technician	383	463	376	270	412	445	562	427	458	503	631	578	520	547
	Pharmacy Technician Training Program	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacy Technician Trainee	983	971	966	1,103	999	903	1,125	958	970	1,023	1,399	1,103	954	947
	Physician Selling Controlled Substances	30	13	31	28	18	7	48	28	17	38	35	19	13	34
	Physician Selling Drugs Location	3	4	3	4	3	3	6	8	5	5	7	4	4	3
	Pilot Programs	-	2	-	2	1	3	-	1	-	2	-	-	2	-
	Repackaging Training Program	-	-	-	-	-	-	-	-	-	-	-	-	-	-


8
8
12
19
11
21
15
14
13
25
9
15
10
11
10
9
7
33
7
30
12
9
16
6
5
9
Q4 2023
Q1 2024
Q2 2024
Q3 2024
Q4 2024
Q1 2025
Q2 2025
Q3 2025
Q4 2025
Q1 2026
Q2 2026
Q3 2026
Q4 2026
New Pharmacy Permits Issued
Pharmacy Permits Closed

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

1013 Total number of current active Nonresident Pharmacies

153 perform both sterile and nonsterile compounding, 94 perform only sterile compounding, and 167 perform only nonsterile compounding.

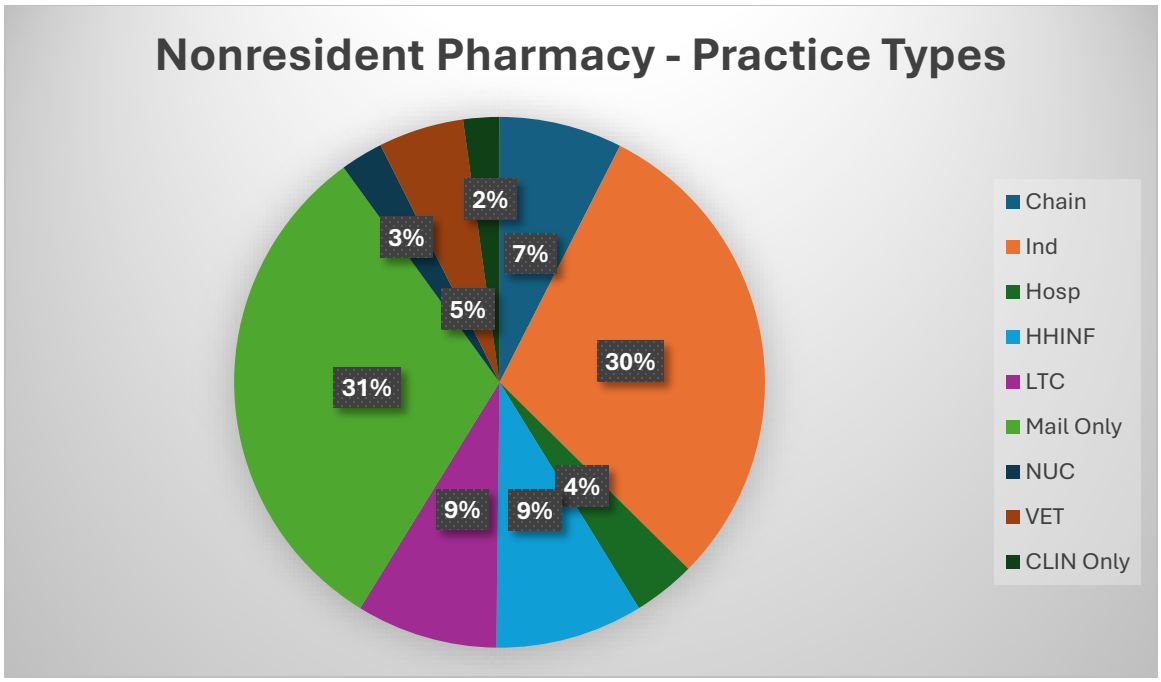
# of NRP is the total number of current active Nonresident Pharmacies in the state

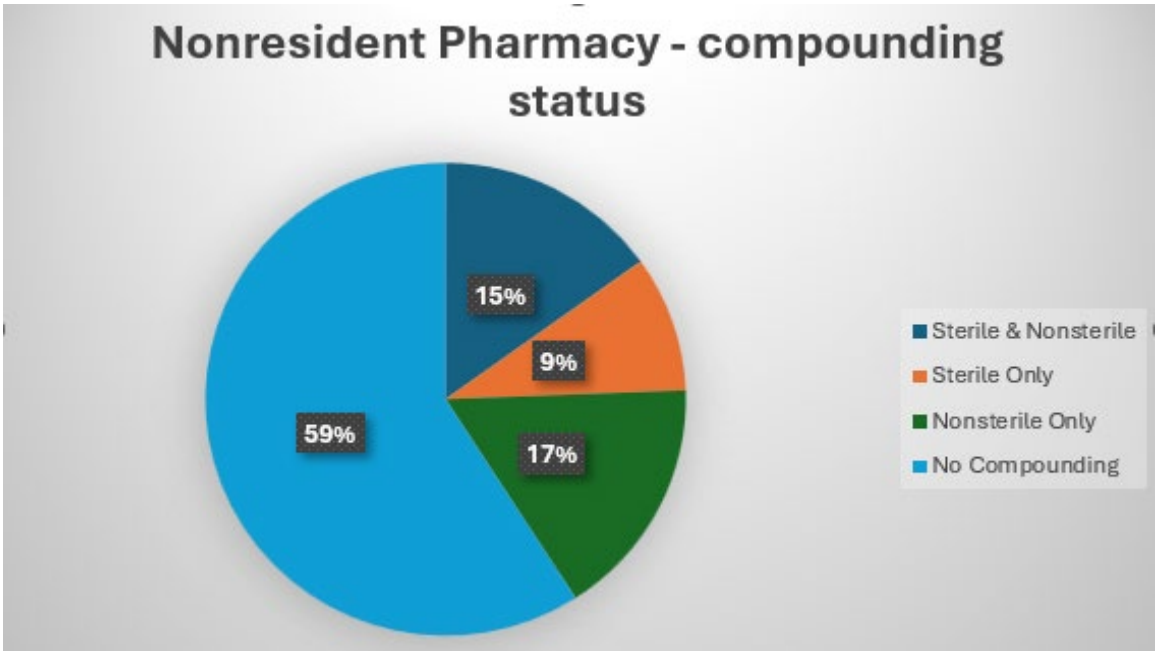
Cmpd is the total number of current active Nonresident Pharmacies in the state that perform compounding (sterile and/or nonsterile).

STATE	*# of NRP*	*# Cmpd*	*STATE*	*# of NRP*	*# Cmpd*	*STATE*	*# of NRP*	*# Cmpd*
AL	11	5	**LA**	9	2	**OH**	41	18
AK			**ME**	2	1	**OK**		
AZ	39	8	**MD**	70	40	**OR**	5	1
AR	3	2	**MA**	15	7	**PA**	79	29
CA	42	16	**MI**	21	6	**RI**	1	
CO	10	4	**MN**	8	4	**SC**	12	3
CT	5		**MS**	9	4	**SD**	2	
DE	3	1	**MO**	18	2	**TN**	78	36
FL	111	38	**MT**	2		**TX**	90	38
GA	14	6	**NE**	7	2	**UT**	15	6
HI			**NV**	5	2	**VT**		
ID	5	2	**NH**	3		**WA**	5	2
IL	24	14	**NJ**	39	22	**WV**	13	6
IN	26	5	**NM**			**WI**	6	3
IA	4	1	**NY**	40	10	**WY**	1	1
KS	13	3	**NC**	71	40	**DC**	10	3
KY	25	10	**ND**	1				

Practice types – percent of total nonresident pharmacies:

Practice Type	*Percent of total*
Chain Community	7.5%
Independent Community	29.9%
Hospital	3.8%
Home Health/Infusion	9.0%
Long Term Care	8.6%
Mail Order only	31.2%
Nuclear	2.6%
Veterinary Only	5.2%
Clinical Services Only	2.2%


Nonresident Pharmacy - Practice Types
2%
3%
7%
5%
30%
31%
4%
9%
9%
Chain
Ind
Hosp
HHINF
LTC
Mail Only
NUC
VET
CLIN Only


Nonresident Pharmacy - compounding status
15%
9%
59%
17%
Sterile & Nonsterile
Sterile Only
Nonsterile Only
No Compounding

Quarterly Inspection Completed Review by License Type – Date Range: 4/01/2026 – 6/30/2026

Insp Status	License Type	Change of Location	Compliance	New	Pilot	Reinspection	Remodel	Routine	Grand Total
Completed	Business CSR	8		15		1	10	138	172
	Third Party Logistics Provider							1	1
	Medical Equipment Supplier	1		3				52	56
	Non-restricted Manufacturer						1		1
	Pharmacy	7	1	7	1	7	27	194	244
	Physician Selling Drugs Location	4	1	5		1		29	40
	Warehouser			2		1	3	21	27
	Wholesale Distributor			1				5	6
Completed Total		20	2	33	1	10	41	440	547
Completed Virtual	Business CSR	3		29		1	2	8	43
	Medical Equipment Supplier						1		1
	Physician Selling Drugs Location								
	Non -Restricted Manufacturer			2					2
	Pharmacy					3	2		5
Virtual Total		3		31		4	5	8	51
Grand Total		23	2	64	1	14	46	448	598

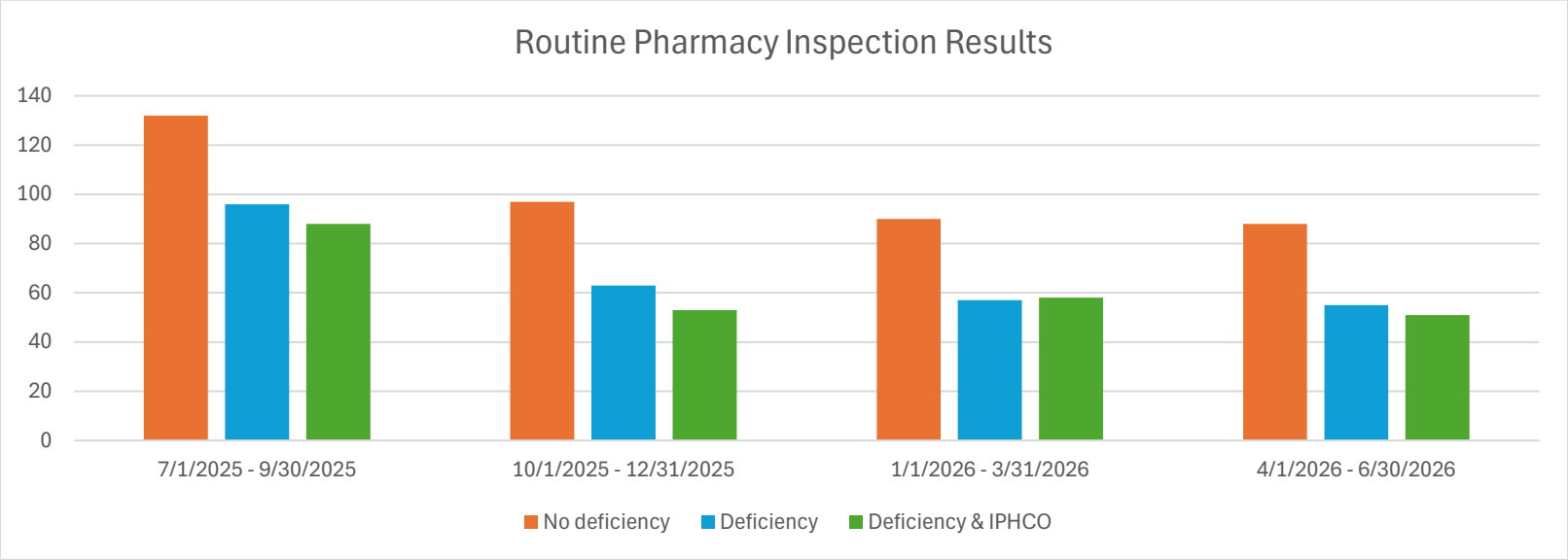
Routine Pharmacy Inspections – Date Range: 4/1/2026 – 6/30/2026

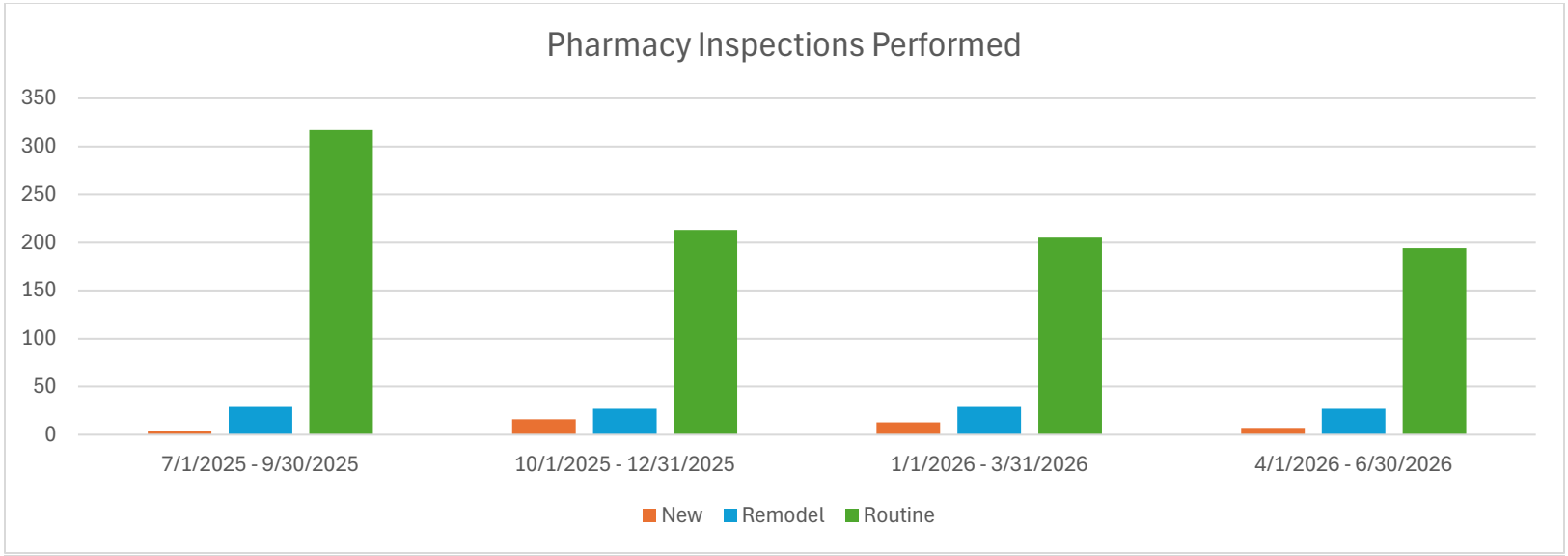
Top 5 cited deficiencies

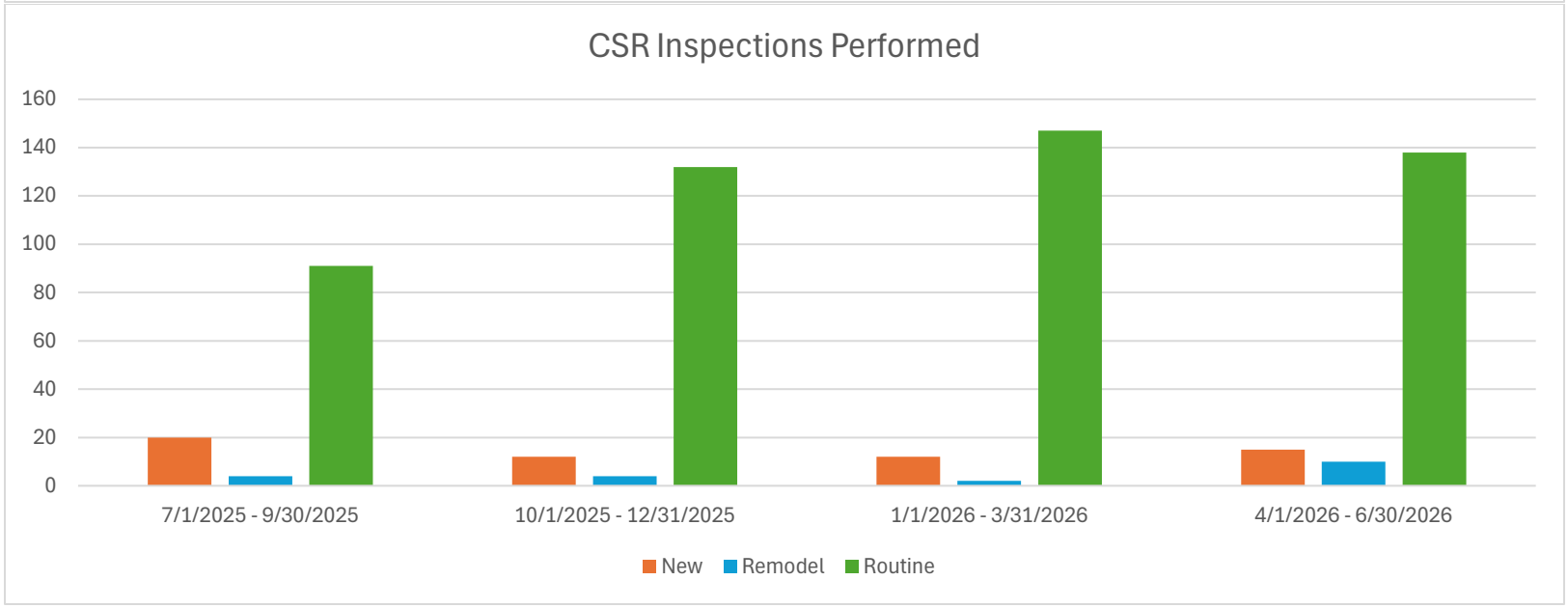
Description	Number of times cited
124. Labels do not include all required information.	**19**
133. Compounding facilities and equipment used in performing non-sterile compounds not in compliance with 54.1-3410.2.	**15**
15. Perpetual inventory not being maintained as required as it does not: • Include 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 reconcilation of each Schedule II drug at least monthly; or • Include a written explanation of any difference between the physical county and the theoretical count. Monthly perpetual inventory is performed more than 7 days prior or more than 7 days after designated calendar month for which an inventory is required.	**11**
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.	**11**
127. Repackaging records and labeling not kept as required or in compliance.	**10**

Routine Inspection Results - 4/1/2026 – 6/30/2026

License Type	Deficiency	Deficiency & IPHCO	No Deficiency	Grand Total
Business CSR	77		61	138
Wholesale Distributor	2		3	5
Medical Equipment Supplier	14		38	52
Pharmacy	55	51	88	194
Physician Selling Drugs Location	18		11	29
Third Party Logistics Provider	1		0	1
Warehouser	5		16	21
Grand Total	172	51	217	440




Pharmacy Inspections Performed
350
300
250
200
150
100
50
0
7/1/2025 - 9/30/2025
10/1/2025 - 12/31/2025
1/1/2026 - 3/31/2026
4/1/2026 - 6/30/2026
New
Remodel
Routine


CSR Inspections Performed
160
140
120
100
80
60
40
20
0
7/1/2025 - 9/30/2025
10/1/2025 - 12/31/2025
1/1/2026 - 3/31/2026
4/1/2026 - 6/30/2026
New
Remodel
Routine

Virginia Department of Health Professions

Cases Received, Open & Closed

Agency Summary

Quarter 4 – 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. Late entry of cases received, open or closed may lead to numbers not adding up.

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

	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	CURRENT Q4 2026
Number of Cases Received	1,773	1,898	2,050	1,961	2,054	1,881	1,941	1,876	1,929	2,244	2,256	2,140	2,136	2,326
Number of Cases Open	4,672	4,783	4,792	5,079	5,174	5,107	5,183	5,114	5,186	5,568	5,601	5,667	5,797	5,899
Number of Cases Closed	1,857	1,952	2,075	1,674	2,036	1,934	1,832	1,949	1,854	1,878	2,268	2,111	1,948	2,189

Virginia Department of Health Professions

Cases Received, Open & Closed

Agency Summary

Quarter 4 – 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. Late entry of cases received, open or closed may lead to numbers not adding up.

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

		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	CURRENT Q4 2026
Pharmacy	Number of Cases Received	204	249	206	179	204	172	174	167	200	229	202	183	211	227
	Number of Cases Open	384	442	390	372	383	348	321	310	341	372	335	325	371	380
	Number of Cases Closed	288	220	257	199	195	210	200	179	174	207	241	206	165	220
Physical Therapy	Number of Cases Received	10	4	10	27	10	9	18	15	16	15	28	16	19	26
	Number of Cases Open	36	35	31	55	52	33	39	46	48	55	69	73	68	63
	Number of Cases Closed	8	5	14	4	15	29	12	9	15	8	14	10	24	31
Psychology	Number of Cases Received	22	31	39	35	32	45	46	41	28	37	40	34	38	49
	Number of Cases Open	174	172	167	157	154	159	170	167	154	150	165	166	176	187
	Number of Cases Closed	24	49	44	43	37	40	35	43	42	50	27	37	28	40

Virginia Department of Health Professions

Cases Received, Open & Closed

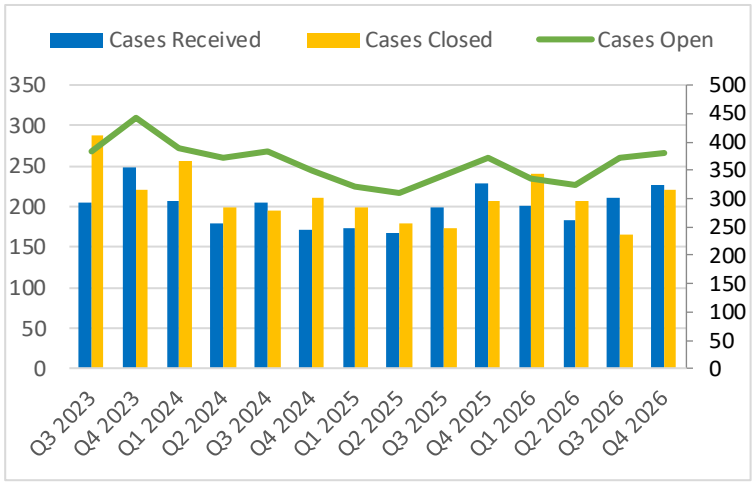
Agency Summary

Quarter 4 – Fiscal Year 2026

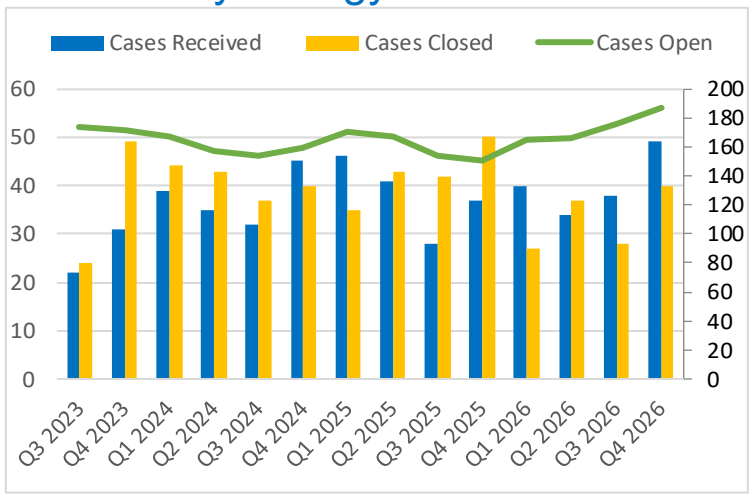
The "Received, Open, Closed" table below shows the number of received and closed cases during the quarters specified and a "snapshot" of the cases still open at the end of the quarter. Late entry of cases received, open or closed may lead to numbers not adding up.

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

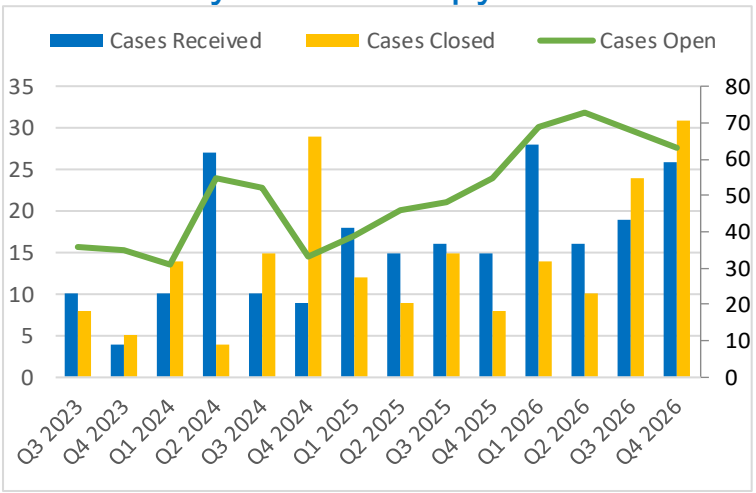
Pharmacy



Psychology



Physical Therapy



Virginia Department of
Health Professions

Cases Closed in Less than One Calendar Year
Quarterly Summary
Quarter 4-Fiscal Year 2026

The percentage of cases closed in fewer than 365 days is based on the time from entry to closure. These calculations include only cases closed within the period specified.

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	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Q3 2026	CURRENT Q4 2026
Audiology/Speech Pathology	80.0%	100.0%	85.7%	50.0%	46.7%	88.9%	41.2%	100.0%	0.0%	50.0%	7.7%	100.0%	90.5%
Counseling	81.3%	81.2%	79.2%	77.0%	78.8%	75.6%	81.7%	68.3%	63.1%	76.7%	81.4%	37.8%	63.4%
Dentistry	60.3%	75.8%	76.0%	78.4%	84.6%	63.4%	60.2%	65.9%	68.6%	68.5%	86.3%	71.4%	57.2%
Funeral Directing	46.7%	58.3%	28.0%	55.0%	30.5%	80.0%	18.2%	44.8%	81.8%	100.0%	18.4%	75.0%	61.5%
Long-Term Care Administrators	76.9%	31.3%	36.4%	39.2%	50.0%	66.7%	40.6%	69.7%	44.8%	64.9%	60.6%	55.6%	52.4%
Medicine	86.7%	91.9%	88.6%	92.4%	91.4%	89.2%	92.5%	95.3%	91.1%	97.2%	94.1%	96.7%	93.7%
Nurse Aide	64.7%	70.1%	42.2%	67.7%	67.8%	61.8%	45.6%	71.7%	58.0%	72.8%	47.9%	78.4%	61.4%
Nursing	56.9%	65.7%	61.2%	59.9%	58.7%	56.2%	63.8%	61.9%	56.1%	61.9%	48.0%	62.0%	52.2%
Optometry	100.0%	89.5%	44.7%	88.9%	80.8%	100.0%	56.0%	100.0%	100.0%	100.0%	25.9%	100.0%	100.0%
Pharmacy	93.0%	93.1%	88.5%	86.0%	91.9%	86.8%	86.8%	92.8%	86.6%	92.7%	91.0%	89.8%	92.6%
Physical Therapy	9.1%	53.8%	85.7%	51.9%	72.5%	59.1%	60.0%	88.2%	60.0%	88.0%	40.0%	62.8%	83.3%
Psychology	38.6%	25.0%	19.4%	38.0%	64.7%	76.3%	48.3%	31.1%	57.7%	37.1%	68.8%	15.8%	22.5%
Social Work	93.1%	86.7%	100.0%	68.3%	53.8%	67.6%	84.2%	59.6%	63.3%	70.1%	52.7%	6.0%	53.8%
Veterinary Medicine	73.6%	82.1%	64.2%	71.2%	65.8%	72.2%	59.0%	68.2%	63.4%	70.7%	73.8%	87.4%	84.6%
Agency Total	**73.0%**	**79.2%**	**72.7%**	**76.0%**	**75.7%**	**74.2%**	**72.6%**	**77.2%**	**72.1%**	**78.5%**	**71.3%**	**74.4%**	**70.9%**

Virginia Department of

Health Professions

Cases Closed in Less than One Calendar Year

Quarterly Summary

Fiscal Year 2026

The percentage of cases closed in fewer than 365 days is based on the time from entry to closure. These calculations include only cases closed within the period specified.

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	FY 2021	Change Between FY 22 & FY 21	FY 2022	Change Between FY 23 & FY 22	FY 2023	Change Between FY 24 & FY 23	FY 2024	Change Between FY 25 & FY 24	FY 2025	Change Between FY 26 & FY 25	FY 2026
Audiology	55.6%	-18.6%	45.2%	45.1%	65.6%	10.3%	72.3%	-7.8%	66.7%	-9.5%	60.3%
Counseling	77.1%	0.9%	77.8%	8.2%	84.1%	-3.9%	80.9%	-11.3%	71.8%	-10.9%	64.0%
Dentistry	56.7%	-20.0%	45.4%	45.3%	66.0%	16.7%	77.0%	-20.1%	61.5%	10.1%	67.7%
Funeral Directing	68.9%	-44.1%	38.5%	62.6%	62.6%	-37.2%	39.3%	45.9%	57.3%	-33.1%	38.3%
Long-Term Care Administrators	42.2%	-12.6%	36.9%	27.2%	46.9%	-14.4%	40.2%	37.2%	55.1%	6.1%	58.5%
Medicine	83.7%	5.0%	87.9%	-3.6%	84.8%	7.3%	90.9%	1.2%	92.0%	3.6%	95.3%
Nurse Aide	72.8%	-14.9%	61.9%	-16.3%	51.8%	23.7%	64.1%	-7.2%	59.5%	12.8%	67.1%
Nursing	45.5%	14.5%	52.1%	6.6%	55.5%	10.2%	61.2%	-3.6%	58.9%	-6.4%	55.2%
Optometry	59.3%	48.3%	88.0%	2.8%	90.5%	-24.3%	68.5%	22.8%	84.1%	-6.1%	78.9%
Pharmacy	90.1%	0.0%	90.1%	0.6%	90.6%	-0.1%	90.5%	-3.3%	87.5%	4.8%	91.7%
Physical Therapy	57.1%	-14.6%	48.8%	9.6%	53.5%	17.8%	63.0%	0.3%	63.2%	10.6%	69.9%
Psychology	67.7%	0.3%	67.9%	-32.5%	45.8%	-23.4%	35.1%	43.0%	50.2%	-29.5%	35.4%
Social Work	85.1%	7.8%	91.7%	-2.1%	89.8%	-21.4%	70.6%	0.1%	70.6%	-46.8%	37.6%
Veterinary Medicine	53.8%	23.6%	66.5%	24.6%	82.9%	-14.0%	71.3%	-8.6%	65.2%	22.5%	79.8%
Agency Total	**67.5%**	**0.6%**	**67.9%**	**7.5%**	**73.0%**	**4.0%**	**75.9%**	**-3.3%**	**73.3%**	**-3.6%**	**70.7%**

Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times (with Continuance Days): Quarterly Performance Measurement, Q4 2022 - Q4 2026

David E. Brown, D.C.
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.

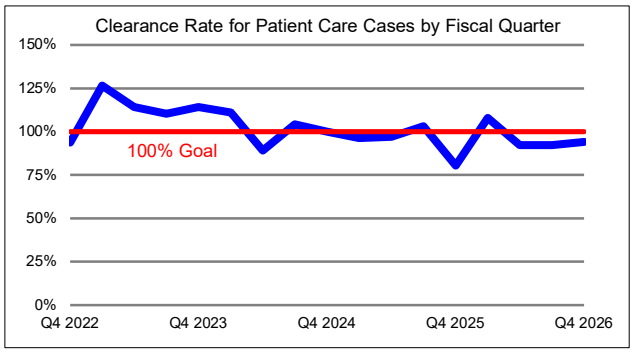
Age of Pending Caseload - the percent of open patient care cases over 415 business days old. This measure tracks the backlog of patient care cases older than 415 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older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

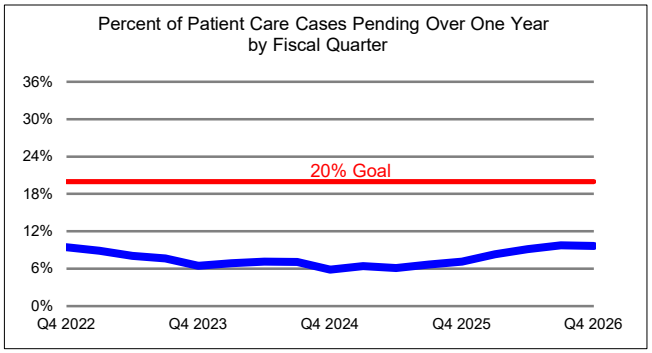
Time to Disposition - the percent of patient care cases closed within 415 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest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

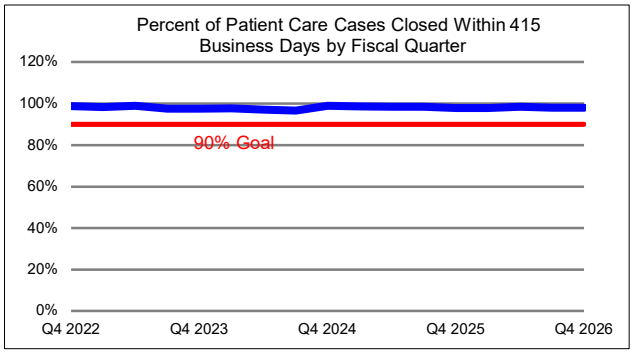
The current quarter's clearance rate is 94%, with 1,500 patient care cases received and 1,410 closed.

The current quarter shows 10% patient care cases pending over 415 business days, with 412 of the 4,268 patient care cases pending over 415 business days.

The current quarter shows 98% of patient care cases being resolved within 415 business days, with 1,288 of the 1,314 cases closed within 415 business days.







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

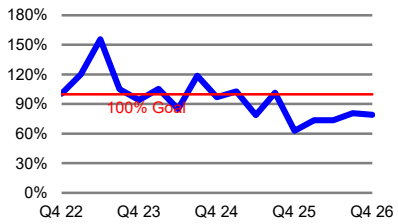
Medicine

Clearance Rate: 79%
465 Cases Received
368 Cases Closed

Pending Caseload Over 415 Days: 6%
54 cases out of 831 are pending over 415 Days

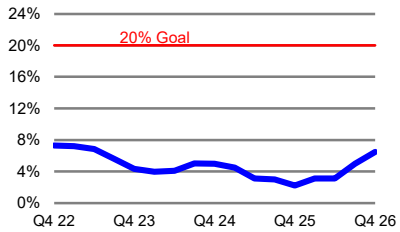
Time to Disposition Within 415 Days: 99%
355 cases out of 358 were closed within 415 Days

Clearance Rate

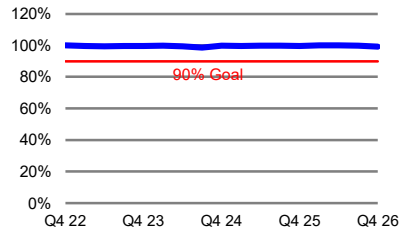


Age of Pending Caseload

(percent of cases pending over one year)



Time to Disposition

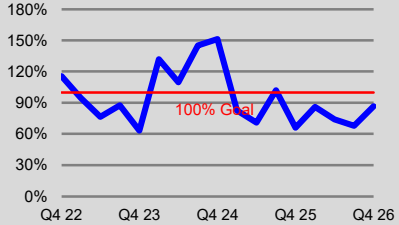


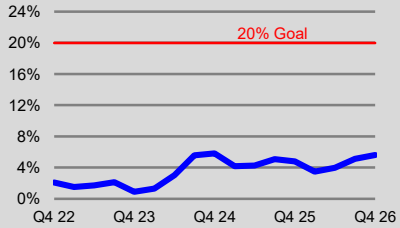
Dentistry

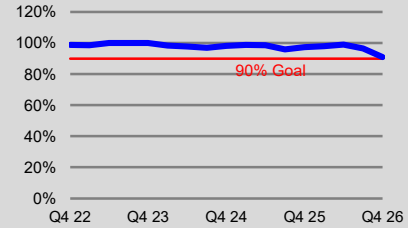
Clearance Rate: 87%
128 Cases Received
111 Cases Closed

Pending Caseload Over 415 Days: 6%
30 cases out of 536 are pending over 415 Days

Time to Disposition Within 415 Days: 91%
92 cases out of 101 were closed within 415 Days





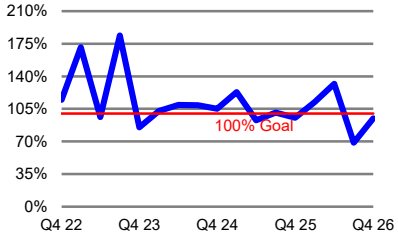


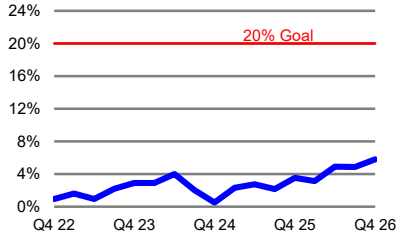
Pharmacy

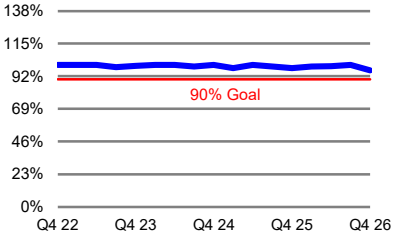
Clearance Rate: 95%
114 Cases Received
108 Cases Closed

Pending Caseload Over 415 Days: 6%
14 cases out of 240 are pending over 415 Days

Time to Disposition Within 415 Days: 96%
103 cases out of 107 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

Virginia Department of

Health Professions

Average Age of Cases Closed
Quarterly Summary

Quarter 4- Fiscal Year 2026

The average age of cases closed is a measurement of how long it takes, on average, for a case to be processed from entry to closure. These calculations include only cases closed within the quarter specified.

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	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Q3 2026	CURRENT Q4 2026
Audiology	278.0	137.6	179.8	325.7	390.6	163.3	310.7	194.5	554.0	384.8	698.8	83.8	240.1
Counseling	228.7	220.2	295.7	227.4	229.3	215.9	164.3	283.6	305.0	229.2	169.4	447.2	287.5
Dentistry	308.6	292.1	272.5	261.4	230.3	314.0	331.0	307.2	291.6	337.2	244.2	336.9	372.2
Funeral Directing	361.4	284.8	477.4	384.4	515.3	253.1	507.1	314.2	174.2	55.8	501.8	215.3	234.1
Long-Term Care Administrators	266.7	387.7	386.9	366.8	332.3	286.2	499.2	297.9	382.8	296.1	419.4	233.1	400.1
Medicine	203.7	169.2	190.8	166.7	157.8	192.5	162.4	129.4	137.4	124.3	117.3	129.2	120.8
Nurse aide	351.3	329.3	401.8	316.3	299.8	290.3	352.9	237.4	333.2	276.0	387.8	263.2	329.3
Nursing	380.7	329.5	306.5	335.5	349.3	355.0	302.9	306.4	340.5	308.5	398.4	332.7	400.0
Optometry	104.0	170.6	387.3	112.9	179.5	161.9	363.9	202.9	107.5	129.5	370.1	105.2	183.7
Pharmacy	104.6	135.8	164.7	221.2	134.4	155.3	164.0	119.6	134.0	102.8	137.8	140.5	115.7
Physical Therapy	580.3	366.6	106.3	390.0	292.0	440.1	492.5	132.1	536.7	224.8	411.8	277.6	185.5
Psychology	537.2	617.0	659.0	422.9	282.6	187.1	425.4	573.9	314.9	385.8	249.6	582.3	591.1
Social Work	95.9	211.3	51.8	282.5	446.3	226.0	170.2	477.9	299.2	334.5	559.8	748.5	408.6
Veterinary Medicine	207.0	173.5	274.7	236.7	271.8	255.6	368.3	252.0	285.2	290.2	239.1	172.6	181.3
Agency total	**267.6**	**242.8**	**263.0**	**255.6**	**249.2**	**250.0**	**256.5**	**228.1**	**243.8**	**222.5**	**265.5**	**262.4**	**271.3**

Virginia Department of
Health Professions

Average Age of Cases Closed
Fiscal Year Summary
Fiscal Year 2026

The average age of cases closed is a measurement of how long it takes, on average, for a case to be processed from entry to closure. These calculations include only cases closed within the year specified.

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	FY 2021	Change Between FY 22 & FY 21	FY 2022	Change Between FY 23 & FY 22	FY 2023	Change Between FY 24 & FY 23	FY 2024	Change Between FY 25 & FY 24	FY 2025	Change Between FY 26 & FY 25	FY 2026
Audiology/Speech Pathology	412.9	-6.8%	384.7	-28.5%	275.0	-7.7%	253.9	6.5%	270.3	37.5%	371.6
Counseling	230.4	15.4%	265.9	-12.4%	233.0	-5.2%	220.8	10.9%	244.9	17.6%	287.9
Dentistry	303.0	51.8%	460.1	-36.0%	294.6	-8.0%	271.2	20.6%	326.9	2.8%	336.1
Funeral Directing	302.9	37.7%	417.2	-15.9%	351.0	25.8%	441.6	-30.8%	305.6	26.8%	387.5
Long-Term Care Administrators	409.6	29.7%	531.4	-25.0%	398.7	-8.5%	364.9	1.7%	371.0	-5.1%	352.0
Medicine	215.6	-5.2%	204.3	15.8%	236.6	-27.0%	172.8	-9.9%	155.7	-20.6%	123.7
Nurse Aide	359.0	-2.9%	348.5	23.7%	431.2	-26.7%	315.9	-4.6%	301.2	1.5%	305.8
Nursing	393.9	5.3%	414.9	-5.0%	394.1	-15.9%	331.5	-1.3%	327.2	11.2%	363.9
Optometry	317.6	-5.5%	300.1	-36.3%	191.1	34.5%	257.0	-8.2%	235.9	-18.3%	192.8
Pharmacy	143.3	-4.6%	136.7	7.6%	147.1	1.0%	148.7	-2.2%	145.4	-16.1%	122.0
Physical Therapy	324.9	40.8%	457.5	-21.5%	359.3	-9.6%	324.8	33.6%	434.0	-39.0%	264.8
Psychology	253.3	6.4%	269.6	75.6%	473.5	8.0%	511.2	-21.6%	400.8	16.4%	466.6
Social Work	176.1	2.4%	180.2	-30.3%	125.6	137.0%	297.8	-4.3%	285.0	100.2%	570.5
Veterinary Medicine	386.5	-15.9%	324.9	-35.5%	209.6	12.1%	235.0	24.9%	293.5	-26.5%	215.7
Agency Total	**290.8**	**7.0%**	**311.0**	**-9.3%**	**282.2**	**-11.7%**	**249.2**	**-0.6%**	**247.7**	**3.7%**	**256.9**

Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times (with Continuance Days): Quarterly Performance Measurement, Q4 2022 - Q4 2026

David E. Brown, D.C.
Director

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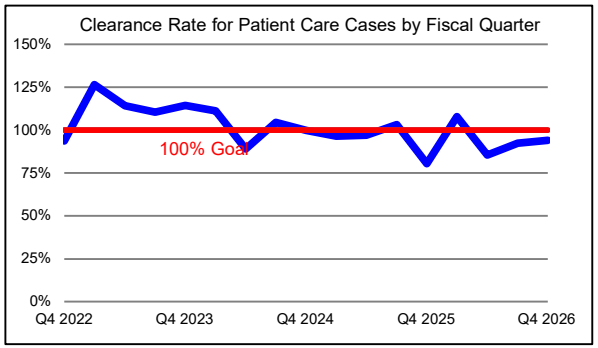
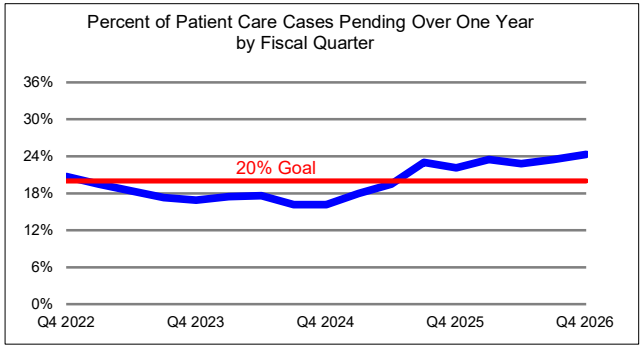
The current quarter's clearance rate is 94%, with 1,500 patient care cases received and 1,410 closed.



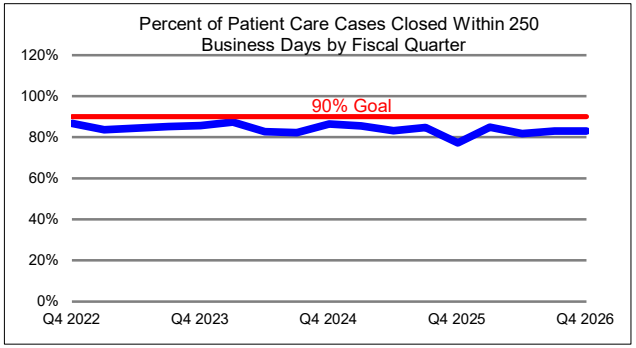
Age of Pending Caseload - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older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

The current quarter shows 24% patient care cases pending over 250 business days, with 1,037 of the 4,268 patient care cases pending over 250 business days.



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

The current quarter shows 83% of patient care cases being resolved within 250 business days, with 1,092 of the 1,314 cases closed within 250 business days.



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

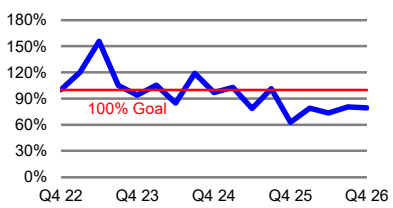
Medicine

Clearance Rate: 79%
465 Cases Received
368 Cases Closed

Pending Caseload: 13%
104 cases out of 831 are pending over 250 Days

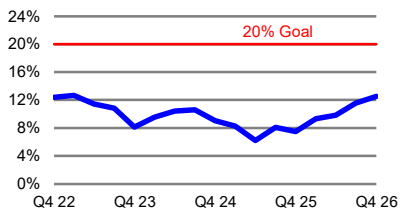
Time to Disposition: 97%
346 cases out of 358 were closed within 250 Days

Clearance Rate

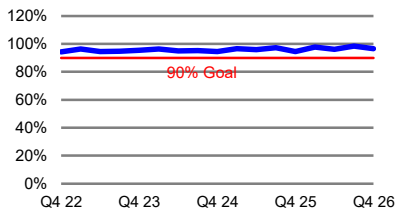


Age of Pending Caseload

(percent of cases pending over one year)



Time to Disposition

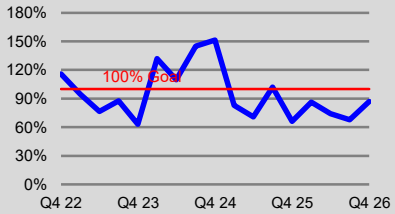


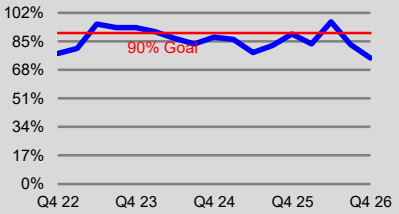
Dentistry

Clearance Rate: 87%
128 Cases Received
111 Cases Closed

Pending Caseload: 21%
113 cases out of 536 are pending over 250 Days

Time to Disposition: 75%
76 cases out of 101 were closed within 250 Days



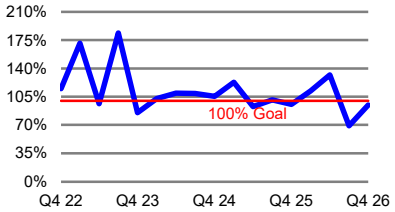


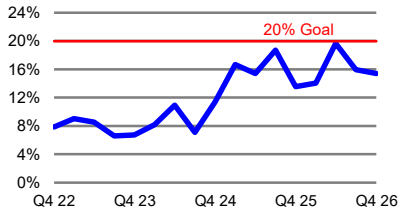
Pharmacy

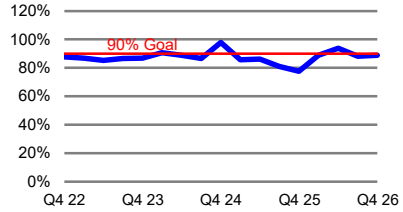
Clearance Rate: 95%
114 Cases Received
108 Cases Closed

Pending Caseload: 15%
37 cases out of 240 are pending over 250 Days

Time to Disposition: 89%
95 cases out of 107 were closed within 250 Days







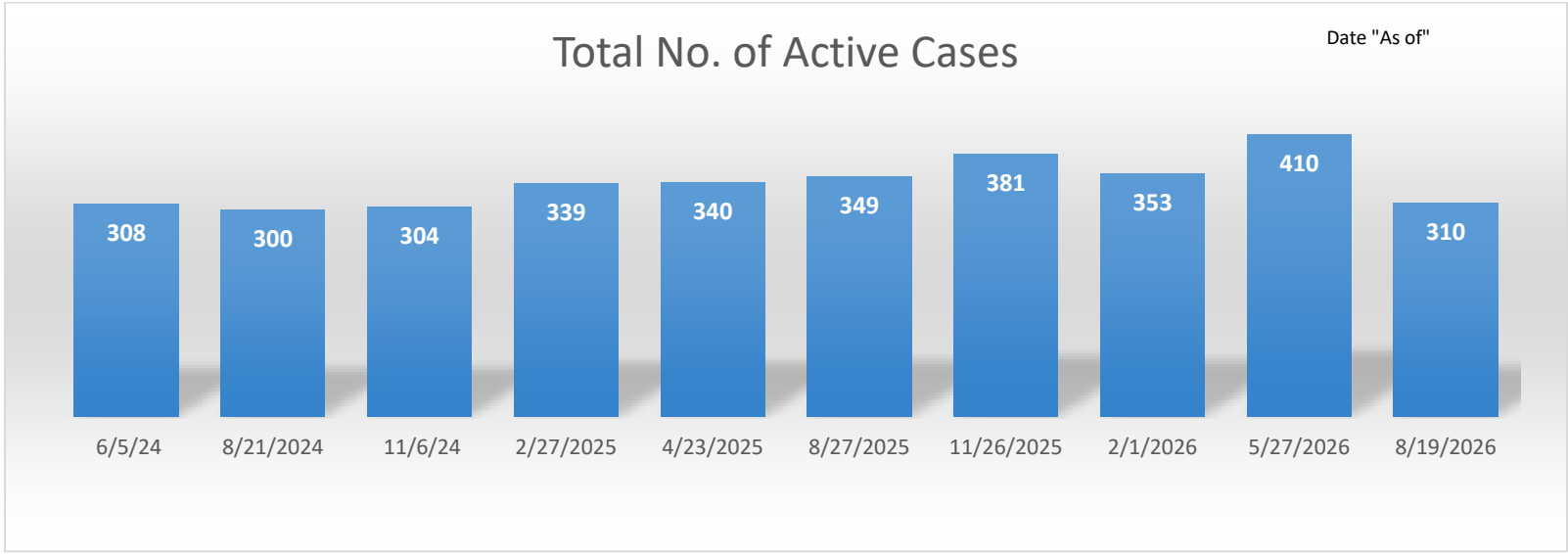
Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

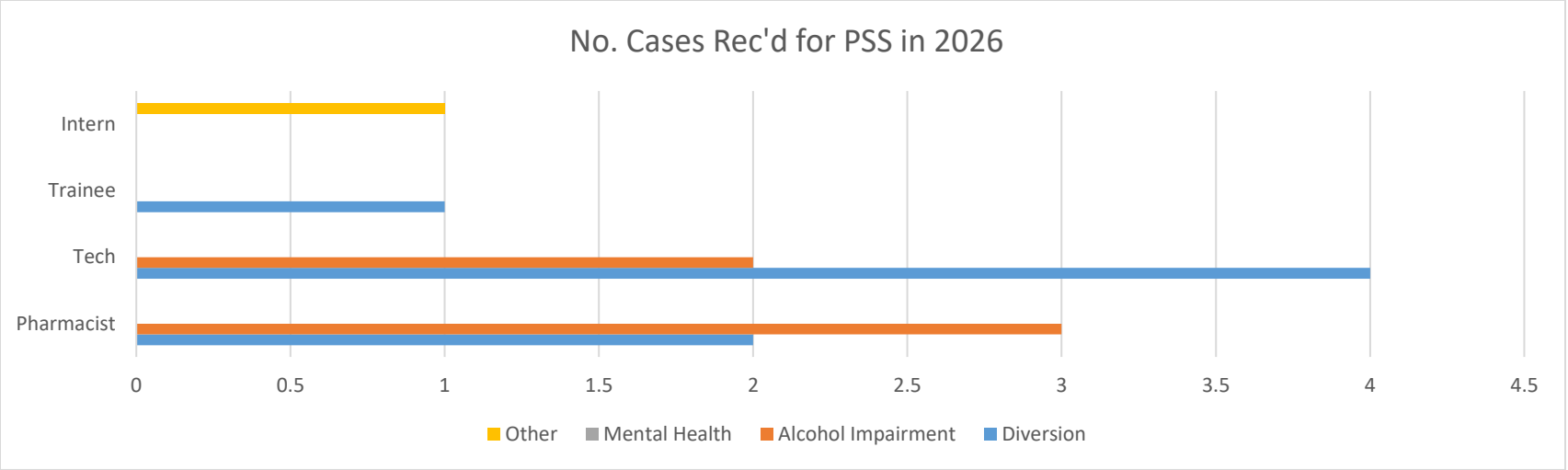
Note: If no cases are received and some cases are closed, we assign 100% as clearance rate

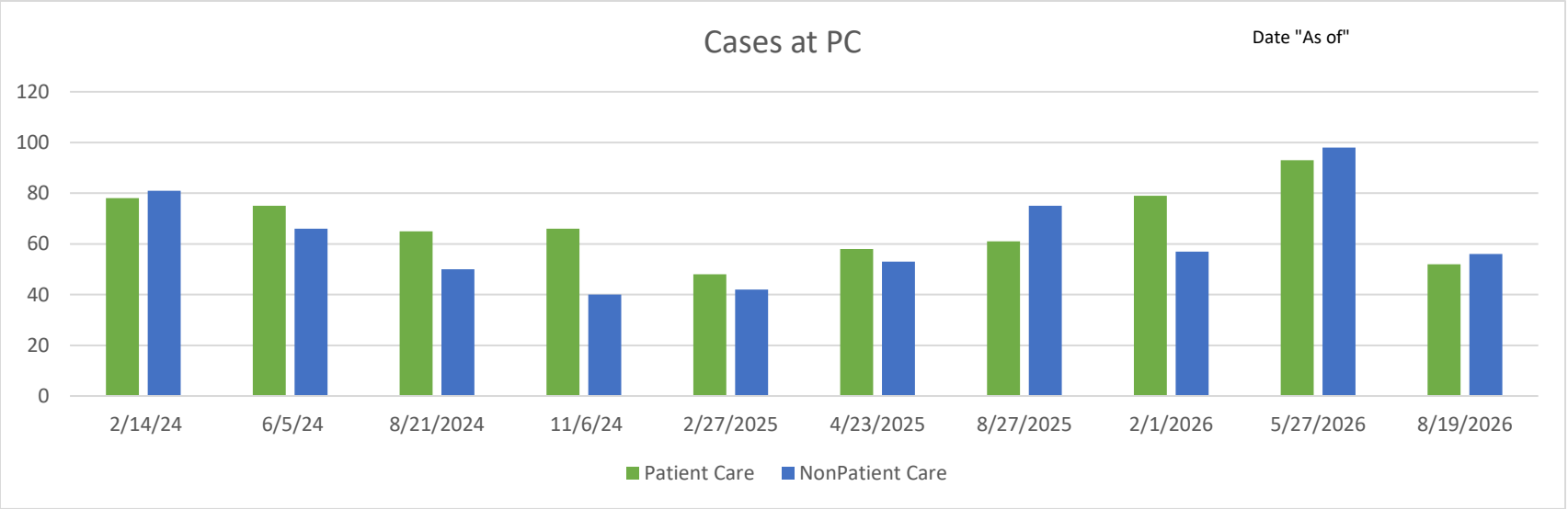
Discipline Program Report

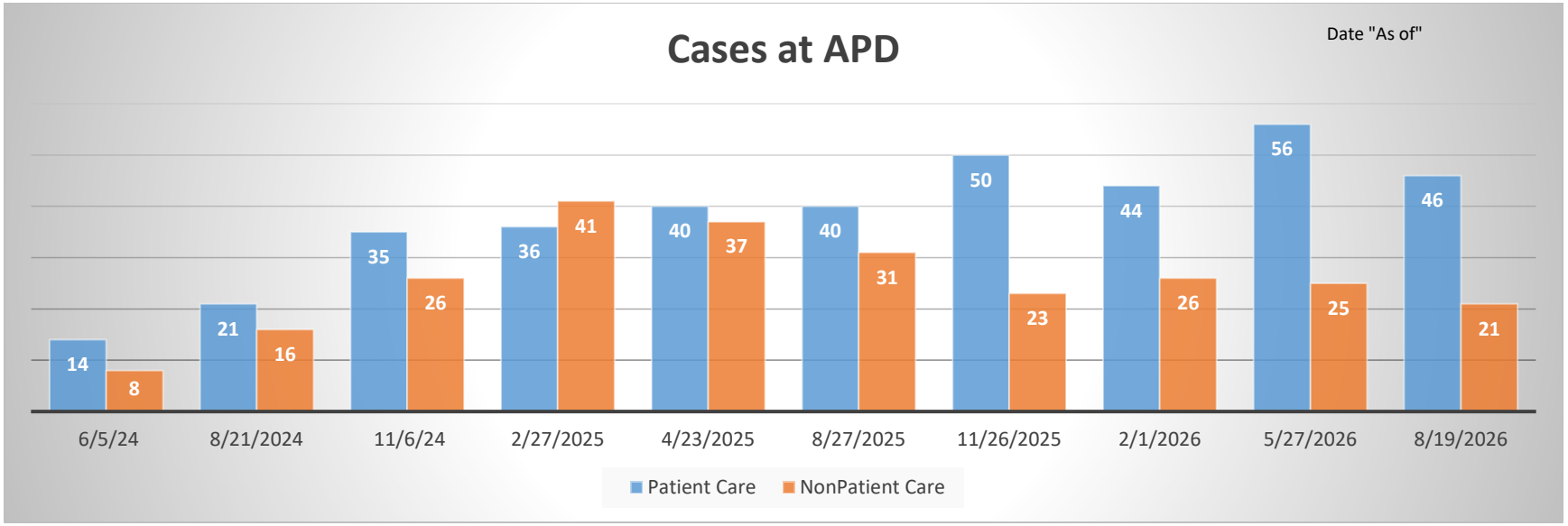
Open Cases as of 8/19/26:

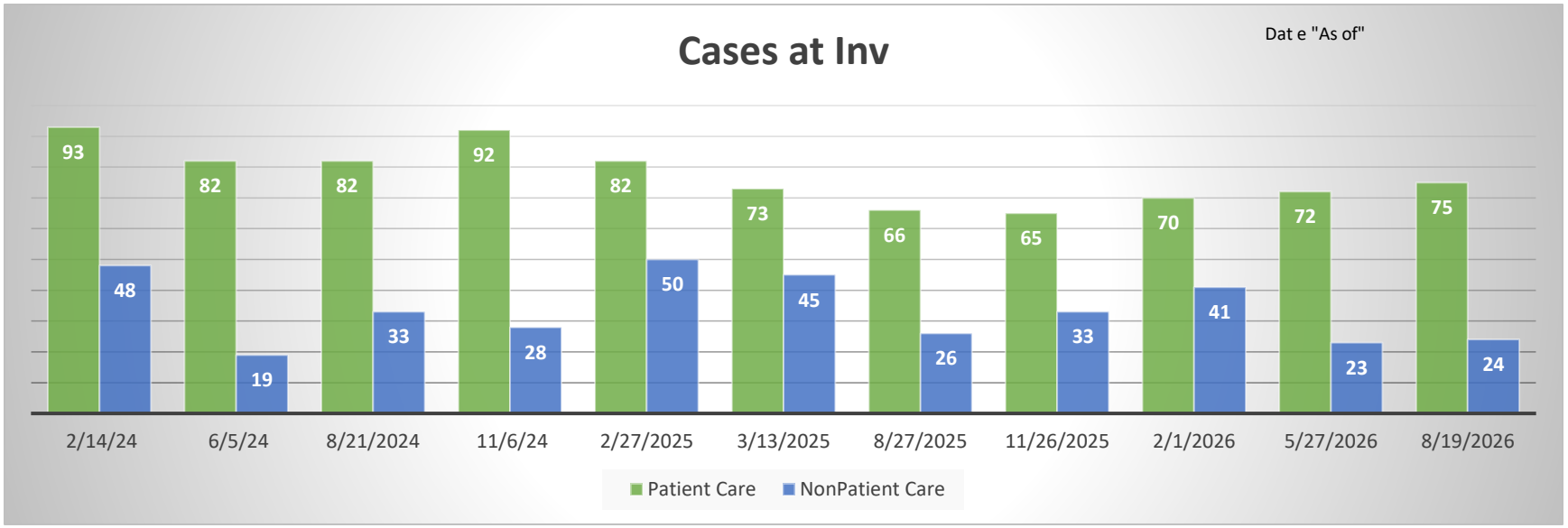
	PC	APD	Investigation	FH	IFC	Other	Pending Closure	Entry	TOTALS
Patient Care Cases	52	46	75	2	10	0	0	2	187
Non-Patient Care Cases	56	21	24	3	11	1	7	0	123
								TOTAL:	**310**

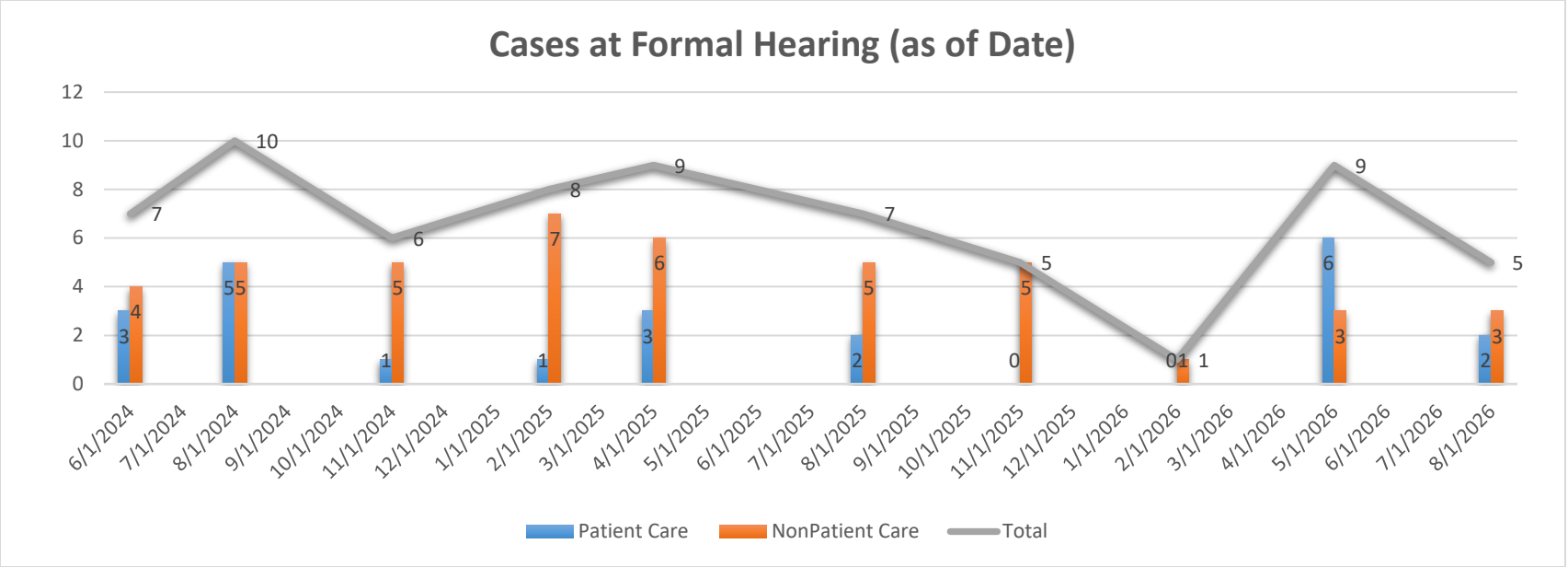



No. Cases Rec'd for PSS in 2026
Intern
Trainee
Tech
Pharmacist
0
0.5
1
1.5
2
2.5
3
3.5
4
4.5
Other
Mental Health
Alcohol Impairment
Diversion


Cases at PC
Date "As of"
120
100
80
60
40
20
0
2/14/24
6/5/24
8/21/2024
11/6/24
2/27/2025
4/23/2025
8/27/2025
2/1/2026
5/27/2026
8/19/2026
Patient Care
NonPatient Care


Cases at APD
Date "As of"
14
8
21
16
35
26
36
41
40
37
40
31
50
23
44
26
56
25
46
21
6/5/24
8/21/2024
11/6/24
2/27/2025
4/23/2025
8/27/2025
11/26/2025
2/1/2026
5/27/2026
8/19/2026
Patient Care
NonPatient Care


Cases at Inv
Dat e "As of"
93
48
82
19
82
33
92
28
82
50
73
45
66
26
65
33
70
41
72
23
75
24
2/14/24
6/5/24
8/21/2024
11/6/24
2/27/2025
3/13/2025
8/27/2025
11/26/2025
2/1/2026
5/27/2026
8/19/2026
Patient Care
NonPatient Care



Upcoming Disciplinary Proceedings		
September 29, 2026	Kale/Agarwal	Informal Conferences
October 6, 2026	All Board Members	Formal Hearings
October 14, 2026	Kale/Agarwal	Informal Conferences
October 28, 2026	Dowdy/Wilgus	Informal Conferences
November 4, 2026	Webb/Ranger	Informal Conferences
November 5, 2026	All Board Members	Formal Hearings
December 3, 2026	Kale/Agarwal	Informal Conferences
December 8, 2026	All Board Members	Informal Conferences
December 10, 2026	Kocot/Dowdy/Webb	Pilot Committee

Informal Conference meeting: September 2, 2026

- Verbal Update

New Applications: None

Executive Director' Report

Past meetings attended in-person or virtually since June Board Meeting:

- ASTHO Implementing Pharmacist Prescribed Contraception Monthly Meeting
- Forensic Science Board meeting, Chair
- Region 7 EMS presentation with O'Halloran and Logan
- HB75 Medical Marijuana Workgroup
- Psychologist Prescriptive Authority Workgroup
- SB278 340B Workgroup
- Virginia Pharmacy Association Law Update Presentation
- NABP Task Force on Blueprint Inspection Process, Chair
- NOVA EMS Presentation with O'Halloran
- New Board Member Orientation with O'Halloran, Logan, Shinaberry, and Haden

Future meetings to attend in-person or virtually:

- RxPartnership Board Meeting
- Two RxPartnership presentations with O'Halloran
- NABP Executive Officer Forum
- NABP/AACP Districts 1 & 2 Meeting
- Hampton University School of Pharmacy presentation
- Virginia Society of Health-Systems Pharmacists presentation

Update on transition to UMPJE;

- Registration opened on 9/1/2026; required as of 10/1/2026
- Last day of administration of MPJE on 9/30/2026
- FAQs and list of Virginia-specific laws and regulations online.

Agenda Topic: Policy for ADA Examination Accommodation Requests

Staff's note: Staff is requesting that the Board agree to allow staff to accept the NABP's decision regarding an applicant's request for a testing accommodation under the Americans with Disabilities Act for all licensure examinations. Such policy would be posted on the Board's website.

Background: As of 9/1/2026, NABP began allowing Virginia pharmacist candidates to register for the Uniform Multi-state Pharmacy Jurisprudence Exam (UMPJE) with scores being recognized as of 10/1/26. As part of the UMPJE registration process, NABP will determine eligibility for the candidate to sit for the exam which includes the processing of ADA exam accommodation requests. The Board, and staff through delegated authority, have historically considered and approved ADA exam requests based on 18VAC110-21-80(F). However, NABP currently reviews ADA exam requests for 48 states, and the Board identified this requirement in the current periodic regulatory review NOIRA which is currently under administrative review. A policy to allow staff to accept the NABP's decision regarding an applicant's request for a testing accommodation under the Americans with Disabilities Act for all licensure examinations will facilitate Virginia's transition to the UMPJE and ease burden in obtaining a pharmacist license. Per Board Counsel's advice, should staff directly receive a testing accommodation request, staff will process it accordingly since the regulation is currently still in effect.

Relevant regulation:

18VAC110-21-80. Content of the examination and grades required; limitation on admittance to examination.

F. If an applicant requests a testing accommodation for either examination based on a physical or mental impairment that substantially limits one or more major life activities, subject to the Americans with Disabilities Act, the board **may** approve a reasonable accommodation that does not compromise the security or integrity of the examination.

1. Supporting documentation shall be provided by the applicant to include the following to be considered for review:

a. A letter of request from the candidate that specifies the testing accommodation requested;

b. A written report of an evaluation (educational, psychological, or physical) within the preceding two years from a qualified professional that states a diagnosis of the disability, describes the disability, recommends specific accommodations, and provides justification that the accommodation is appropriate and necessary for the diagnosed disability. If the comprehensive

evaluation was done more than two years ago and the condition is one that is not subject to change, the original evaluation report may be submitted along with a current letter from the qualified professional stating that there has been no change in the condition since the time of the evaluation; and

c. A written statement from the appropriate person at the applicant's school of pharmacy that describes any testing accommodations made while the student was enrolled, if applicable.

2. The applicant will be notified in writing of the decision. If the request for accommodation is granted, the approval information will be forwarded to the examination contractor and the form of the accommodation will be coordinated with the contractor.