



COMMONWEALTH OF VIRGINIA

Meeting of the Board of Pharmacy

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

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Tentative Agenda of Regulation Committee Meeting

November 5, 2025

9AM

TOPIC

PAGE

Call to Order: Shannon Dowdy, PharmD, Committee Chairman

- Welcome & Introductions

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

Regulatory/Guidance: Erin Barrett, JD/Caroline Juran, RPh

- | | |
|---|---------|
| • Chart of Regulatory Actions | 2-5 |
| • Review Proposed Regulations and Comments Received on Central Fill and Remote Processing | 6-78 |
| • Review NOIRA for Periodic Review of Chapters 20 and 21 and Proposed Regulations of Chapter 30 | 79-88 |
| • Consider Withdrawal of Regulatory Action for Unprofessional Conduct to Induce or Incentivize a Patient to Transfer Prescriptions | 89-98 |
| • Review Restrictions regarding Access to Certain Areas through Prescription Department in 18VAC110-20-150 | 99 |
| • Consider Requirement of Returning Dispensed Drug to Initiating Pharmacy in 18VAC110-20-275 | 100-103 |
| • Consider Requiring UMPJE for Licensure Instead of State-Specific MPJE | 104-115 |
| • Consider Amending 18VAC110-21-80 to Allow Participation in NABP Exam Eligibility Services and Early Licensure Testing Prior to Graduation | 116-130 |
| • Repeal Guidance Document 110-26 or Adopt Policy | 131-138 |

Adjourn

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

Board of Pharmacy
Current Regulatory Actions
As of October 23, 2025

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	2710 days; 8.5 years since submission for executive branch review	Addresses a patient safety concern.
18VAC110-20	NOIRA	Implementation of 2021 Periodic Review	3/21/2022	162 days 3.6 years since submission for executive branch review	Implementation of changes identified during 2021 periodic review of regulations governing the practice of pharmacy

In the Secretary's Office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC110-21	NOIRA	Implementation of 2021 Periodic Review	3/21/2022	1299 days 3.6 years since submission for executive branch review	Implementation of changes identified during 2021 periodic review of regulations governing the licensure of pharmacists and registration of pharmacy technicians
18VAC110-30	Proposed	Implementation of 2021 periodic review	4/18/2023	790 days	Implements changes identified during the periodic review process

18VAC110-20 18VAC110-21 18VAC110-30 18VAC110-50	Final	Increase in fees	3/27/2025	192 days	Increases fees as needed for the Board to maintain operations.
18VAC110-20	Fast-track	Replacement of analytic lab regulation for pharmaceutical processors	5/15/2024	167 days	Replaces the former 18VAC110-60-300(A) into Board of Pharmacy regulations as required by Virginia Code § 4.1-1602

In the Department of Planning and Budget

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC110-20	Final	Allowances for emergency drugs by EMS agencies	10/8/2025	15 days	Replaces emergency regulations.
18VAC110-20	Proposed	Exclusion of private dwellings or residences from operating locations of CSRs	10/7/2025	16 days	Addresses a safety concern and coordinates CSR requirements with other establishment requirements.

In the Office of the Attorney General

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC110-20	Fast-track	Inclusion of other opioid antagonists in regulations referring to naloxone	5/30/2025	146 days	Pursuant to legislative changes, the Board amended regulations referring to naloxone to include

					other opioid antagonists.
18VAC110-20	Proposed	Exclusion of private dwellings or residences from operating locations of CSRs	10/7/2025	16 days	Addresses a safety concern and coordinates CSR requirements with other establishment requirements.
18VAC110-20	Exempt/final	September 2025 scheduling of chemicals in Schedule I	10/7/2025	16 days	Pursuant to DFS recommendations.
18VAC110-20	Exempt/final	Inclusion of advanced registered medication aides in regulation as required by legislation	10/7/2025	16 days	Addresses new category of registration under the Board of Nursing.
18VAC110-20	Exempt/final	Inclusion of fentanyl-related compounds in Schedule I consistent with federal scheduling changes	10/7/2025	16 days	Conforming Board schedules to federal scheduling actions.
18VAC110-20	Fast-track	Allowance for correctional facilities to possess long-acting medication	10/7/2025	16 days	Enacting allowance for correctional facilities provided in 2025 legislation.

Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date/ next steps
18VAC110-20	Emergency/ NOIRA	Requirements for use of central fill pharmacy and remote database	6/30/2025	Comment period ended 7/30/2025. Proposed regulatory amendments are

				before the Board for action
18VAC110-20	Proposed	Crisis stabilization services and use of automated dispensing systems and remote dispensing systems	8/11/2025	Comment period ended 10/10/2025. Final regulatory amendments will be before the December Board meeting for action.
18VAC110-15	Fast-track	Amendment to allow agency subordinates to hear credentials cases	8/25/2025	Effective 10/9/2025
18VAC110-20	Final/Exempt	May 2025 Schedule I adds	9/8/2025	Effective 10/8/2025
18VAC110-40	Final/Exempt	Conforming collaborative practice agreements to HB1582 of the 2025 GA	10/6/2025	Effective 11/5/2025
18VAC110-21	Final/Exempt	Amendment to pharmacy technician training program options pursuant to 2025 legislation	10/6/2025	Effective 11/5/2025
18VAC110-20	Final/Exempt	Conformity of Board scheduling regulations to General Assembly action	10/6/2025	Effective 11/5/2025

Agenda Item: Consider draft proposed regulatory action and comments received related to central fill pharmacies and central/remote processing

Included in agenda packet:

- Draft proposed language regarding central fill pharmacies and central/remote processing;
- Town Hall Emergency/NOIRA stage summary showing no public comments;
- Two public comments received via email by Board staff
 - Kroger requests allowance for pharmacist licensed in another state but working under a Virginia registered nonresident pharmacy to also verify remote processing
 - CVS requests allowance for remote processing to include final product verification;
- HB1068 from the 2024 General Assembly Session requiring this regulatory action.
- Pilot orders for CVS Air Support, Lynchburg Treatment Center, Brightview, and Remote Validation of Sterile Compounding

Action needed:

- Motion to recommend to full board to adopt proposed regulations as presented or amended.

Project 7968 - Proposed

Board of Pharmacy

Requirements for use of central fill pharmacy and remote database access

18VAC110-20-112. Supervision of pharmacy technicians.

A. A pharmacist shall determine the number of pharmacy interns, pharmacy technicians, and pharmacy technician trainees he can safely and competently supervise at one time; however, no pharmacist shall supervise more than four persons performing the duties of a pharmacy technician at one time, except as provided in 18VAC110-20-276 and 18VAC110-20-277.

B. In addition to the acts restricted to a pharmacist in § 54.1-3320 A of the Code of Virginia, a pharmacist shall provide personal supervision of compounding of extemporaneous preparations by pharmacy technicians.

18VAC110-20-276. Central or remote processing.

A. Centralized or remote processing of a prescription does not include the dispensing of a drug, but does include any of the following activities related to the dispensing process:

1. Receiving, interpreting, analyzing, or clarifying prescriptions;
2. Entering prescription and patient data into a data processing system;
3. Transferring prescription information;
4. Performing a prospective drug review as set forth in § 54.1-3319 of the Code of Virginia;
5. Obtaining refill or substitution authorizations, or otherwise communicating with the prescriber concerning a patient's prescription;
6. Interpreting clinical data for prior authorization for dispensing;
7. Performing therapeutic interventions; or

8. Providing drug information or counseling concerning a patient's prescription to the patient or patient's agent.

B. A pharmacy may outsource certain prescription processing functions as described in subsection A of this section to another pharmacy in Virginia or a registered nonresident pharmacy under the following conditions:

1. The pharmacies shall either have the same owner or have a written contract describing the scope of services to be provided and the responsibilities and accountabilities of each pharmacy in compliance with all federal and state laws and regulations related to the practice of pharmacy;
2. Any central or remote pharmacy shall comply with Virginia law and regulation with respect to requirements for supervision of pharmacy technicians and the duties that are restricted to pharmacists and pharmacy technicians. Pharmacy technicians at the remote pharmacy shall either be registered in Virginia or possess credentials substantially equivalent to those required for a technician registered in Virginia;
3. A pharmacist licensed in Virginia, whether at the remote pharmacy or the dispensing pharmacy, shall perform a check for accuracy on all processing done by the remote processor; and
4. The pharmacies shall share a common electronic file or have technology that allows sufficient information necessary to process a nondispensing function.

C. Any pharmacy that outsources prescription processing to another pharmacy shall provide notification of such to patients. A one-time written notification or a sign posted in the pharmacy in a location that is readily visible to the public will satisfy this notification requirement. The notice shall state the name of any contract pharmacy providing central or remote prescription

processing. If the pharmacy uses a network of pharmacies under common ownership, this fact shall be disclosed in the notice.

D. A policy and procedure manual that relates to central or remote processing shall be maintained at each pharmacy involved in the processing of a prescription and available for inspection. The manual shall at a minimum include the following:

1. The responsibilities of each pharmacy;
2. A list of the name, address, telephone numbers, and ~~permit/registration~~ permit or registration numbers of all pharmacies involved in central or remote processing;
3. Procedures for protecting the confidentiality and integrity of patient information;
4. Procedures for ensuring that pharmacists performing prospective drug reviews have access to appropriate drug information resources;
5. Procedures for maintaining required records;
6. Procedures for complying with all applicable laws and regulations to include counseling;
7. Procedures for objectively and systematically monitoring and evaluating the quality of the program to resolve problems and improve services; and
8. Procedures for annually reviewing the written policies and procedures for needed modifications and documenting such review.

E. In addition to any other required records, pharmacies engaged in central or remote processing shall maintain retrievable records that show, for each prescription processed, each individual processing function and identity of the pharmacist or pharmacy technician who performs a processing function and the pharmacist who checked the processing function, if applicable.

1. The records may be maintained separately by each pharmacy, or in a common electronic file shared by both pharmacies provided the system can produce a record

showing each processing task, the identity of the person performing each task, and the location where each task was performed.

2. The record shall be readily retrievable for at least the past two years through the primary dispensing pharmacy, and shall be available for inspection by the board.

F. Nothing in this section shall prohibit an individual employee licensed as a pharmacist or registered as a pharmacy technician or pharmacy intern performing the duties of a pharmacy technician in Virginia from accessing the employer pharmacy's database from a remote location for the purpose of performing certain prescription processing functions as described in subsection A of this section, provided the pharmacy establishes controls to protect the privacy and security of confidential records.

G. A pharmacist may only supervise a maximum of six pharmacy technicians and pharmacy interns performing the duties of pharmacy technicians accessing the employer pharmacy's database from a remote location as provided in subsection F of this section, with a maximum of four of the six on site at the employer pharmacy. The supervising pharmacist shall be readily available to the pharmacy technicians and pharmacy interns, and technology shall be available for adequate supervision of pharmacy technicians and pharmacy interns performing the duties of pharmacy technicians.

18VAC110-20-277. Central fill pharmacy.

A. Notwithstanding activities authorized in 18VAC110-20-275, 18VAC110-20-276, and 18VAC110-20-515, a pharmacy located in the Commonwealth or out of state may outsource tasks associated with dispensing a prescription drug, including verification for accuracy by a pharmacist and alternate delivery to the originating pharmacy that received the prescription, to a central fill pharmacy permitted in the Commonwealth as a pharmacy or registered as a nonresident pharmacy.

B. A central fill pharmacy may operate if:

1. Sufficient automation is employed to safely support the practice of pharmacy and limit distractions for pharmacy personnel;
2. The central fill pharmacy does not accept prescriptions or communications directly from patients or providers; and
3. Dispensing is restricted to Schedule VI drugs.

C. Notwithstanding § 54.1-3321 of the Code of Virginia, an unregistered or unlicensed person may perform the following non-dispensing functions at a central fill pharmacy:

1. The movement of sealed manufacturer bottles from an inventory shelf to a pharmacy technician's workspace for the purpose of filling a canister when the filling of the canister is completed by a pharmacist, pharmacy intern, pharmacy technician, or pharmacy technician trainee who barcode scans or uses other technology to verify each individual bottle or package of medication prior to filling the canister.
2. Manually bagging prepared prescriptions when barcode scanning or use of other technology is used to verify the prescription product vial, prescription medication leaflet, and prescription bag label.
3. Loading an automated robotic dispenser with the pharmacist-verified and sealed canister when barcode scanning or other technology is used to verify accurate placement of each canister.
4. Performing monthly cycle counts of sealed manufacturer-packaged products and sealed canisters; however, the opening of a sealed manufacturer-packaged product or canister and the counting of an unsealed manufacturer-packaged product or canister is not permitted.

D. A pharmacist practicing at a central fill pharmacy may supervise up to 12 licensed or registered persons, to include pharmacy technicians, pharmacy technician trainees, and pharmacy interns, and may supervise up to 12 unregistered or unlicensed persons performing non-dispensing functions authorized in this subsection. Each pharmacist shall determine the number of persons the pharmacist can safely and competently supervise at one time.

E. Notwithstanding 18VAC110-20-270 B, pharmacist verification of a canister of medication after it is filled and sealed but prior to being loaded into a barcoded automated robotic dispenser serves as the final product verification of a prescription. Pharmacists shall verify and check for the accuracy of all drugs packaged or repackaged for use by the robot by a visual check of the contents prior to stocking the drugs in the robotic pharmacy system. A repackaging record shall be maintained in accordance with 18VAC110-20-355 A, and the verifying pharmacist shall initial the record. Packaging and labeling, including the appropriate beyond-use date, shall conform to requirements of this chapter and current USP-NF standards. This provision shall not constitute a waiver of the requirement for a pharmacist to verify the accuracy of data entry of the prescription.

F. A central fill pharmacy shall ensure that each pharmacy receiving dispensed drugs from the central fill pharmacy shall provide a one-time written notification or a sign posted in the pharmacy in a location that is readily visible to the public as its notification of the dispensing and delivery process. 18VAC110-20-275 B 2 h shall not apply to central fill pharmacies and those pharmacies receiving dispensed drugs from central fill pharmacies.

G. A written policy and procedure must be maintained by the central fill pharmacy and complied with and shall include, at minimum, procedures for ensuring:

1. Accurate packaging and repackaging of all drugs for use in the robotic pharmacy system, to include properly labeled barcodes and the method for ensuring pharmacist verification of all packaged and repackaged drugs compliant with this section and assigned barcodes;

2. Accurate stocking and restocking of the robotic pharmacy system;

3. Removing expired drugs;

4. Proper handling of drugs that may be dropped by the robotic pharmacy system;

5. Performing routine maintenance of the robotic pharmacy system as indicated by manufacturer's schedules and recommendations;

6. Appropriately performing an analysis to investigate, identify, and correct sources of discrepancies or errors associated with the robotic pharmacy system; and

7. Maintaining quality assurance reports.

H. All manual picks for dispensing at a central fill pharmacy shall be verified for accuracy by a pharmacist.

I. If it is identified that the robot at a central fill pharmacy selected an incorrect medication, the pharmacy shall identify and correct the source of discrepancy or error in compliance with the pharmacy's policies and procedures prior to resuming full operation of the robot. An investigation of the cause of the event shall be completed, and the outcome of the corrective action plan shall be summarized and documented in a readily retrievable format.

J. One prescription per automated dispensing device per quarter shall be redirected to a pharmacist to audit for prescription product accuracy in all components. Quarterly quality assurance records related to these audits shall be maintained for two years from the date the audit is performed.

K. A central fill pharmacy may deliver the dispensed drug to the patient's residence or the originating pharmacy that received the prescription pursuant to § 54.1-3420.2 of the Code of Virginia and 18VAC110-20-275.

L. An out-of-state pharmacy solely returning a drug that was not delivered to the patient to the central fill pharmacy that dispensed the drug as authorized in § 54.1-3411.1 of the Code of Virginia shall be exempt from obtaining registration as a nonresident pharmacy.

M. The transfer of the prescription between the originating pharmacy that received the prescription and the central fill pharmacy shall not be required if the pharmacies share a common electronic file or have technology that allows sufficient information necessary for dispensing the prescription.



Agency Department of Health Professions

Board Board of Pharmacy

Chapter Regulations Governing the Practice of Pharmacy [\[18 VAC 110 - 20\]](#)

Action: Requirements for use of central fill pharmacy and remote database access

Emergency/NOIRA Stage

Action 6505 / Stage 10383

[Edit Stage](#) [Go to RIS Project](#) [Request Emergency Extension](#)

Documents		
Emergency Text	8/20/2024 12:22 pm	Sync Text with RIS
Agency Background Document	7/8/2024	Upload / Replace
Attorney General Certification	8/20/2024 (modified 9/5/2024)	
Governor's Review Memo	6/10/2025	
Registrar Transmittal	6/11/2025	

Status	
Public Hearing	Will be held at the proposed stage
Governor's Review Needed By	1/1/2025
Emergency Authority	Ch. 407 of the 2024 GA
Attorney General Review	Submitted to OAG: 7/8/2024 Review Completed: 8/20/2024 Result: Certified
DPB Review	Submitted on 8/20/2024 Policy Analyst: Melanie West Review Completed: 9/10/2024
Secretary Review	Secretary of Health and Human Resources Review Completed: 3/24/2025
Governor's Review	ORM Review: ORM Approved 6/10/2025 Governor Review Completed: 6/10/2025 Result: Approved
Virginia Registrar	Submitted on 6/11/2025 The Virginia Register of Regulations Publication Date: 6/30/2025 Volume: 41 Issue: 23
Comment Period	Ended 7/30/2025 0 comments

Effective Date	6/16/2025
Expiration Date	12/15/2026

Contact Information	
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This person is the primary contact for this chapter.

This stage was created by [Erin Barrett](#) on 06/10/2024 at 11:36am

This stage was last edited by [Erin Barrett](#) on 06/10/2024 at 11:36am

Mark Johnston, R.Ph, Pharm D (hon)
Executive Director,
Pharmacy Advocacy and Regulatory Affairs

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7/29/2025

Virginia Board of Pharmacy,

I am writing to you in my role as Executive Director of Pharmacy Regulatory Affairs for CVS Health and its family of pharmacies. CVS Health, the largest pharmacy health care provider in the United States, is uniquely positioned to provide care with diverse access points to patients in the Commonwealth of Virginia through our integrated offerings across the spectrum of pharmacy care. CVS Health appreciates the opportunity to submit comments on proposed amendments to 18VAC110-20-276, Central or remote processing and 18VAC110-20-277 Central fill pharmacy. We would also like to thank the Board for their vigilance to continuously improve the laws and regulations that guide pharmacists, pharmacy interns, pharmacy technicians and pharmacy technician trainees serving Virginia patients.

Pharmacists are highly educated and trained professionals who have become an integral part of the healthcare team. The COVID-19 pandemic demonstrated that pharmacists are one of the most accessible health care providers in the nation. With the shortage of primary care providers, pharmacists fill the gaps in patient care across the country while at the same time pharmacies are experiencing a staffing shortage. In April 2025, the U.S. Bureau of Labor Statistics projected there would be 14,200 job openings for pharmacists, each year, on average, throughout the next decade.¹ The Bureau also reported pharmacy technicians would see 47,400 job openings, each year, on average throughout the next decade.² The Institute for Patient Safety and Quality Health Care published an article in March 2022 detailing that, “organizations need a multifaceted approach to effectively address persistent pharmacy staffing and medication safety challenges, and technology should underpin such a strategy.”³ The Institute for Patient Safety and Quality Health Care article also discussed how utilizing new technology allows “pharmacists to apply their clinical expertise to impact patient outcomes instead of counting medications and verifying orders.”³

A summit of individuals from American Pharmacists Association, the American Society of Health-System Pharmacists, and the National Association of Boards of Pharmacy (NABP), was held in June 2023. The report, “Implementing Solutions Summit: Building a Sustainable, Healthy, Pharmacy Workforce and Workplace,” outlines various solutions that employers, associations and Boards of pharmacy can implement in the near, medium, and long term to assist in addressing high stress levels and occupational burnout. In the section addressing rules and requirements, an “action” suggests that employers “identify unnecessary regulatory burdens and workplace requirements that take time away from activities that could improve the safety of patients and the well-being of pharmacy staff.” Additionally, state Boards of pharmacy are encouraged to “review currently recommended shared services model laws and rules and update as appropriate.” Therefore, this summit of national organizations recognizes the need for shared services to also assist in improving the well-being of pharmacists and pharmacy technicians.⁴

Additionally, NABP Model Rules for shared services were amended in August 2024.⁵ These amendments were first discussed on October 17 and 18, 2023 at the NABP Task Force on Shared Pharmacy Services, Automated Pharmacy Systems, Remote Dispensing Sites and Telepharmacy. The report published outlines suggested changes to the model Shared Services language by updating the definition of shared pharmacy services to include product verification, known in Virginia as prescription product accuracy. They also recommended striking subsections they considered to be too prescriptive and move others to improve continuity.⁶ The Committee on Law Enforcement/Legislation then met on March 5 and 6, 2024 to review the recommended changes. The committee found no issue with the suggested changes, and they were incorporated after the NABP Executive Committee approved the recommendations.⁷

18VAC110-20-276 Central or remote processing requested amendment

CVS Health is supportive of the amendments proposed allowing pharmacy technicians or interns to remotely access the pharmacy database. In support of the growing landscape of technology in the pharmacy dispensing process, CVS Health requests the Board consider amending 18VAC110-20-276(A) to add prescription product accuracy, which would allow the sharing of final product verification when images are used.

Air Support is part of our response to the evolving healthcare landscape, and the needs of our patients and our pharmacy teams. This model allows our retail pharmacies under common ownership to support each other by entering prescription and patient data into a data processing system, performing prospective DUR, data entry verification and final product verification or prescription product accuracy, where permitted. Utilization of Air Support helps drive timely and effective care for patients and provides impactful support to our pharmacies facing the challenges of labor shortages.

CVS Pharmacy has successfully implemented a pharmacy workload sharing model, with shared services including final product/order verification, in most states. Additionally, we have Board of Pharmacy approved pilots involving 135 locations, with 117 of those pharmacies located in Virginia. We have found the fully shared workload balancing model enhances patient care and is associated with a higher rate of dispensing accuracy when compared to a limited sharing model.

Suggested Language:

18VAC110-20-276 Central or remote processing

A. Centralized or remote processing of a prescription does not include the dispensing of a drug, but does include any of the following activities related to the dispensing process:

1. Receiving, interpreting, analyzing, or clarifying prescriptions;
2. Entering prescription and patient data into a data processing system;
3. Transferring prescription information;

4. Performing a prospective drug review as set forth in § 54.1-3319 of the Code of Virginia;
5. Obtaining refill or substitution authorizations, or otherwise communicating with the prescriber concerning a patient's prescription;
6. Interpreting clinical data for prior authorization for dispensing;
7. Performing therapeutic interventions; ~~or~~
8. Providing drug information or counseling concerning a patient's prescription to the patient or patient's agent-; or
9. Prescription product accuracy.

18VAC110-20-277 Central Fill Pharmacy requested amendment

CVS Health is similarly supportive of the emergency proposed rules to allow central fill. These rules align with actions recommended in the NABP Implementing Solutions Summit held in June 2023, recognizing the need for shared services to also assist in improving the well-being of pharmacists and pharmacy technicians.⁴ We request that the Board consider aligning the language in (I) related to robot incorrect medication issues with the current continuous quality improvement rule 18VAC110-20-418.

Suggested Language 18VAC110-20-277 Central fill pharmacy

I. If it is identified that the robot at a central fill pharmacy selected an incorrect medication, which led to a dispensing error, the pharmacy shall identify and correct the source of discrepancy or error in compliance with the pharmacy's policies and procedures and comply with requirements of 18VAC110-20-418, prior to resuming full operation of the robot. ~~An investigation of the cause of the event shall be completed, and the outcome of the corrective action plan shall be summarized and documented in a readily retrievable format.~~

Sincerely,



Mark Johnston, R.Ph, Pharm D (hon)
Executive Director,
Board of Pharmacy Advocacy and Regulatory Affairs
CVS Health

References

1. U.S. Bureau of Labor Statistics. Occupational Outlook: Pharmacists. Available from: <https://www.bls.gov/ooh/healthcare/pharmacists.htm> (Accessed June 13, 2025)
2. U.S. Bureau of Labor Statistics. Occupational Outlook: Pharmacy Technicians. Available from: <https://www.bls.gov/ooh/healthcare/pharmacy-technicians.htm> (Accessed June 13, 2025)
3. Staffing Shortages Aren't Just a Business Problem, They're a Patient Safety Threat. Available from: <https://www.psqh.com/analysis/staffing-shortages-arent-just-abusiness-problem-theyre-a-patient-safety-threat/> (Accessed June 13, 2025).
4. Implementing Solutions, Building a sustainable, healthy pharmacy workforce and workplace." Available from: [Implementing-Solutions-Report.pdf \(nabp.pharmacy\)](#) (Accessed August 27, 2024)
5. Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy. Available from: <https://nabp.pharmacy/wp-content/uploads/2023/08/NABP-Model-Act.docx> (Accessed August 27, 2024)
6. Report of the Task Force on Shared Pharmacy Services, Automated Pharmacy Systems, Remote Dispensing Sites and Telepharmacy. Available from: [Report-of-the-Task-Force-on-shared-Pharmacy-Services-Automated-Pharmacy-Systems-Remote-Dispensing-Sites-and-Telepharmacy.pdf \(nabp.pharmacy\)](#) (Accessed August 27, 2024).
7. Report of the Committee on Law Enforcement/Legislation. Available from: [Report-of-the-Committee-on-Law-Enforcement-Legislation-2024.pdf \(nabp.pharmacy\)](#) (Accessed August 27, 2024).



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July 29, 2025

Executive Director Caroline Juran, RPh
Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Richmond, VA 23233-1463

Re: Regulations Governing the Practice of Pharmacy [\[18 VAC 110 - 20\]](#) – Requirements for use of central fill pharmacy and remote database access

Dear Director Juran:

The Kroger Co. appreciates the opportunity to comment on the Virginia Board of Pharmacy's Central Fill Emergency Regulations – Requirements for use of central fill pharmacy and remote database access. Kroger also appreciates the Board's timely issuance of this emergency temporary rule to allow for the operation of remote central fill as Kroger, Harris Teeter and other companies welcomed new patients from several Rite Aid locations that recently closed. As the Board looks to make these temporary rules permanent, we would recommend the following changes to maximize the ability for pharmacies to meet increasing patient demand while maintaining the highest safety standards.

18VAC110-20-276 B.3 – Central or Remote Processing

B.3 is a specific rule that does not allow out-of-state pharmacies to operationalize true remote prescription processing support.

"A pharmacist licensed in Virginia, whether at the remote pharmacy or the dispensing pharmacy, shall perform a check for accuracy on all processing done by the remote processor"

Even though an out-of-state facility is actively licensed as a nonresident pharmacy with the Virginia Board of Pharmacy and has a VA-licensed Pharmacist-in-Charge, because the staff pharmacists do not have individual VA licensures, the scripts, even though they have been remotely verified, would still require a comprehensive accuracy check by a VA-licensed pharmacist, which in the current state would be the local store pharmacist. This requirement unfortunately prevents realization of the benefits that implementing remote



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central fill carries: namely by requiring additional, time-consuming verifications by store pharmacy teams of prescriptions that have already been thoroughly verified for accuracy at the central fill facility.

To remedy this duplicative verification, we would ask that 18VAC110-20-276 B.3 be amended to:

A pharmacist licensed in Virginia or a pharmacist licensed in another state working under a Virginia-licensed, non-resident pharmacy, shall perform a check for accuracy on all processing done by the remote processor.

This change would ensure that each prescription is checked for accuracy while also allowing store-based pharmacists adequate time provide additional services to patients including medication counseling, the administration of vaccines and testing, and other services.

Thank you for your consideration and please reach out with questions at evan.sarris@kroger.com.

Sincerely,

Evan Sarris, Jr

Evan Sarris
Deputy Director, Government Relations
The Kroger Co.

VIRGINIA ACTS OF ASSEMBLY -- 2024 SESSION

CHAPTER 407

An Act to direct the Board of Pharmacy to promulgate regulations related to pharmacy outsourcing and pharmacy technician remote database access.

[H 1068]

Approved April 4, 2024

Be it enacted by the General Assembly of Virginia:

1. § 1. *The Board of Pharmacy shall promulgate regulations authorizing a pharmacy located in the Commonwealth or out-of-state to outsource tasks associated with dispensing a prescription drug, including verification for accuracy by a pharmacist and alternate delivery to the pharmacy that received the prescription, to a central fill pharmacy permitted in the Commonwealth as a pharmacy or registered as a nonresident pharmacy. In accordance with the regulations, a central fill pharmacy may operate when sufficient automation is employed to safely support the practice of pharmacy and limit distractions for pharmacy personnel, the central fill pharmacy does not accept prescriptions or communications directly from patients or providers, and dispensing is restricted to Schedule VI drugs. The regulations shall authorize the following: (i) the maximum number of persons performing the duties of a pharmacy technician and support personnel a pharmacist may supervise at one time; however, each pharmacist shall determine the number of persons he can safely and competently supervise at one time, not to exceed the maximum number established by the Board of Pharmacy; (ii) pharmacist verification of a drug canister after filling but prior to being placed on a barcoded automated robotic dispenser, in lieu of pharmacist verification of each prescription product for accuracy; (iii) a one-time written notification or sign of the dispensing and delivery process at the initiating pharmacy receiving the prescription; (iv) allowance for an unregistered and unlicensed person to assist in non-dispensing functions such as inventory, delivery, receiving, or packing of completed prescription orders when supported by barcode scanning or other technology; and (v) delivery of the dispensed drug to the patient's residence or originating pharmacy that received the prescription. The transfer of the prescriptions shall not be required if the pharmacies share a common electronic file or have technology that allows sufficient information necessary for dispensing the prescription.*

§ 2. *The Board of Pharmacy shall promulgate regulations that allow for pharmacy technicians to access the pharmacy's database from a remote location for the purpose of performing certain prescription processing functions, as further defined in 18VAC110-20-276 (A) of the Virginia Administrative Code.*

2. *That the Board of Pharmacy shall promulgate regulations to implement the provisions of this act to be effective within 280 days of its enactment.*

BEFORE THE VIRGINIA BOARD OF PHARMACY

IN RE: CVS HEALTH
Case Number: 232866

ORDER

JURISDICTION AND PROCEDURAL HISTORY

Pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10), a Special Conference Committee ("Committee") of the Virginia Board of Pharmacy ("Board") held an informal conference on March 21, 2024, in Henrico County, Virginia, to receive and act upon CVS Health's application for approval of an innovative (pilot) program, Air Support, in the Commonwealth of Virginia.

Joseph Lavino, Pharmacist, Legal Counsel for Pharmacy Regulatory Affairs for CVS Health, C. Todd Picklesimer, Pharmacist, Senior Manager of Pharmacy Operations for CVS Health, and Lauren Paul, Pharmacist, and Senior Director of Pharmacy Regulatory Affairs for CVS Health, as representatives for CVS Health appeared at this proceeding.

Upon consideration of the evidence, the Committee adopts the following Findings of Fact and Conclusions of Law and issues the Order contained herein.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. On October 3, 2023, the Board received an application from CVS Health, the corporate entity governing CVS/Pharmacy store locations, for approval of an innovative (pilot) program, Air Support, at several CVS/Pharmacy locations. By electronic mail on March 15, 2024, CVS Health notified the Board that, if approved, the innovative (pilot) program would be implemented at the following CVS/Pharmacy locations:

- a. CVS/Pharmacy #067 is located at 208 East Main Street, Charlottesville, Virginia 22902, and holds Permit Number 0201-000769 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.
- b. CVS/Pharmacy #947 is located at 28 Abby Road, Palmyra, Virginia 22963, and holds Permit Number 0201-004219 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.
- c. CVS/Pharmacy #1551 is located at 1341 Long Street, Charlottesville, Virginia 22901, and holds Permit Number 0201-001495 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.
- d. CVS/Pharmacy #1552 is located at 780 Martin Luther King Jr. Way, Harrisonburg, Virginia 22801, and holds Permit Number 0201-000632 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.
- e. CVS/Pharmacy #1554 is located at 3420 Seminole Trail, Charlottesville, Virginia 22901, and holds Permit Number 0201-002785 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.
- f. CVS/Pharmacy #1555 is located at 1133 5th Street SW, Charlottesville, Virginia 22902, and holds Permit Number 0201-002074 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.
- g. CVS/Pharmacy #1559 is located at 919 South Main Street, Farmville, Virginia 23901, and holds Permit Number 0201-001731 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

h. CVS/Pharmacy #1566 is located at 150 Madison Road, Culpeper, Virginia 22701, and holds Permit Number 0201-001163 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

i. CVS/Pharmacy #4237 is located at 1100 South High Street, Harrisonburg, Virginia 22801, and holds Permit Number 0201-002799 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

j. CVS/Pharmacy # 4656 is located at 1417-25 University Avenue, Charlottesville, Virginia 22903, and holds Permit Number 0201-004252 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

k. CVS/Pharmacy #7558 is located at 720 Round Hill Drive, Orange, Virginia 22960, and holds Permit Number 0201-002605 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

l. CVS/Pharmacy #7593 is located at 1404 West 211 Bypass, Luray, Virginia 22835, and holds Permit Number 0201-002510 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

m. CVS/Pharmacy #7947 is located at 1151 Port Republic Road, Harrisonburg, Virginia 22801, and holds Permit Number 0201-004196 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

n. CVS/Pharmacy #8288 is located at 9026 Seminole Trail, Ruckersville, Virginia 22968, and holds Permit Number 0201-004334 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

o. CVS/Pharmacy #10746 is located at 1700 Seminole Trail, Charlottesville, Virginia 22901, and holds Permit Number 0201-004759 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

p. CVS/Pharmacy #16978 is located at 312 Connor Drive, Charlottesville, Virginia 22911, and holds Permit Number 0201-004039 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

q. CVS/Pharmacy #17159 is located at 1995 East Market Street, Harrisonburg, Virginia 22801, and holds Permit Number 0201-004051 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

r. CVS/Pharmacy #17325 is located at 15341 Montanus Drive, Culpeper, Virginia 22701, and holds Permit Number 0201-004137 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

2. C. Todd Picklesimer, Pharmacist, will serve as the responsible party for the innovative (pilot) program and maintains License Number 0202-213820 to practice pharmacy in the Commonwealth of Virginia in good standing, which is scheduled to expire on December 31, 2024.

3. CVS Health requested a waiver of 18 VAC 110-20-276 of the Regulations Governing the Practice of Pharmacy, which limits remote processing to prescription-filling processes, but does not include the verification of prescriptions by a pharmacist after they are prepared and prior to the dispensing of such prescriptions. CVS Health requested that a Virginia licensed pharmacist at a remote location be allowed to perform the final product verification of prescriptions using the virtual verification process, excluding Schedule II prescriptions, prescriptions without virtual verification images, and prescriptions that do not have a 2D barcode scanned with the lot number and expiration date.

4. The application is properly before the Board, and it is within its sound discretion to grant or deny said application.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Pharmacy hereby ORDERS that the Board APPROVES the application of CVS Health for an innovative (pilot) program, Air Support Pilot, at the CVS/Pharmacy locations identified in Findings of Fact 1(a)-(r) contingent upon the following terms and conditions:

1. CVS Health shall inform the Board of the date of implementation of the innovative (pilot) program at each CVS/Pharmacy location identified in Finding of Fact 1(a)-(r). This approval shall be effective for all such locations for a period of one year from the date of the earliest such program to be put into effect.

2. Prior to the implementation of the innovative (pilot) program at any of these participating location, CVS Health shall submit to the Board a policy and procedures manual, as outlined in 18 VAC 110-20-276(D) of the Regulations, which shall be maintained at each participating pharmacy location.

3. The requirements of 18 VAC 110-20-276 of the Regulations, which limits remote processing to prescription-filling processes, but does not include the verification of prescriptions by a pharmacist after they are prepared and prior to the dispensing of such prescriptions, is waived, to allow pharmacists to perform final prescription verification utilizing the Virtual Verification process from a remote location.

4. Each pharmacy location participating in this innovative (pilot) program shall comply with the Virginia-specific Virtual Verification process, which has previously been approved by the Board.

5. Each pharmacy location participating in this innovative (pilot) program shall comply with the requirements18 VAC 110-20-113 of the Emergency Regulations – Workplace Conditions (effective September 29, 2023).

6. CVS Health shall provide a single quarterly report to the Board, which identifies for each location participating in the innovative (pilot) program: (1) the number of prescriptions completed by the promised time compared to the total number of prescriptions verified, and (2) the total number of rejected prescriptions compared to the total number of prescriptions verified, including the reason for the rejection. The reports shall be submitted on a quarterly basis to the Board, with the first report due no later than 60 days from implementation of this innovative (pilot) program and subsequent reports due the last day of the months of March, June, September and December until CVS Health is notified, in writing, that the reporting requirement is ended.

7. Except as specifically waived in this Order, each location participating in this innovative (pilot) program shall comply with all applicable laws and regulations governing the practice of pharmacy in the Commonwealth of Virginia and with the processes as proposed in the application for the innovative (pilot) program, which is incorporated herein as Appendix 1.

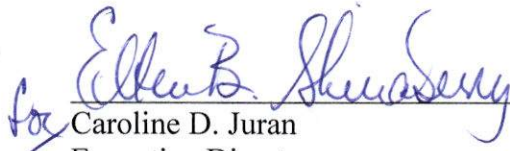
8. Any operational changes or modifications to the innovative (pilot) program shall be approved by the Board prior to initiation of the modification.

9. Any violation of this Order shall constitute grounds for the rescission of the approval, and an administrative proceeding shall be convened to determine whether the approval shall be rescinded.

10. To request the renewal of the innovative (pilot) program, an application and current renewal fee per the Regulations must be submitted to the Board no less than 90 days prior to the expiration of this Order.

Pursuant to Virginia Code § 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD


for Caroline D. Juran
Executive Director
Virginia Board of Pharmacy

ENTERED AND MAILED ON:

4/4/2024

NOTICE OF RIGHT TO APPEAL

Pursuant to Virginia Code § 54.1-2400(10), CVS Health may, not later than 5:00 p.m., on May 6, 2024, notify Caroline D. Juran, Executive Director, Board of Pharmacy, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233, in writing that it desires a formal administrative hearing before the Board. Upon the filing with the Executive Director of a request for the hearing, this Order shall be vacated. This Order shall become final on May 6, 2024, unless a request for a formal administrative hearing is received as described above.



Virginia Department of

Health Professions

Board of Pharmacy

SEP 29 2023

9960 Mayland Drive, Suite 300

Henrico, Virginia 23233

(804) 367-4456 (Tel)

(804) 527-4472 (Fax)

pharmbd@dhp.virginia.govwww.dhp.virginia.gov/pharmacy

OCT 03 2023

APPLICATION FOR APPROVAL OF AN INNOVATIVE (PILOT) PROGRAM

- ☒ **Application Fee:** \$325.00
- ☐ **Renewal** Call Board for fee
- ☐ **Change of Responsible Pharmacist** \$35

The required non-refundable fee must accompany the application. Make check payable to "Treasurer of Virginia".

Applicant—Please provide the information requested below. (Print or Type) Use full name not initials

Title of Pilot Program		
Air Support		
Name of Pharmacy where pilot program is to be conducted*		Pharmacy Permit Number
CVS Health		0201- See attached/ multiple sites listed
Street Address		Area Code and Telephone Number
See attached/ multiple sites on attached list		See attached/ multiple sites listed
City		State Zip Code
See attached/ multiple sites listed		VA See attached
Name of Virginia Licensed Pharmacist Responsible for Pilot Program **	Virginia License Number of Pharmacist Responsible for Pilot Program	
Christopher Todd Picklesimer	0202213820	
Contact phone number	Email address	
4343630933	Christopher.Picklesimer@CVSHealth.com	

For Board Use Only			
Date Received	Date of IFC	Pending Number	Program Number Assigned
Renewal Date	Termination Date		

*If requesting that the pilot program be conducted at more than one pharmacy, provide a list of additional pharmacies and responsible pharmacists as Attachment 8.

**Responsible pharmacist need not be the PIC of the pharmacy, but should be the pharmacist who will most closely oversee and supervise the operation of the pilot program.

ACCOUNTING UNIT

 APPLICANT ID # 1598303 RECEIPT # 5910577

Revised 6/2021

Please attach the following additional information and label as indicated. Please write this in lay terms that may be easily understood by non-pharmacists and persons not familiar with computers or other technology to be used in the practice of pharmacy:

<u>LABEL</u>	<u>DESCRIPTION</u>
<u>Attachment 1:</u>	A brief description, narrative, or summary of the new process or procedure for which approval is being sought.
<u>Attachment 2:</u>	A listing of the laws or regulations for which waivers are being requested through approval of this program and a brief explanation why each waiver is needed.
<u>Attachment 3:</u>	An explanation as to the rationale for the program, i.e. benefit to the consumer or industry.
<u>Attachment 4:</u>	A summary of the outcomes that will be measured, method for measuring, and timelines for measurements, including requested duration of the approval.
<u>Attachment 5:</u>	Any measures that will be taken to ensure security of drug product and confidential information in the execution of the pilot program, if applicable.
<u>Attachment 6:</u>	Disclosure of any financial interests, if applicable.
<u>Attachment 7:</u>	Any additional supporting information, such as technical or other descriptive literature describing equipment or a process, or information from another state where this process or procedure has been tested, etc.
<u>Attachment 8:</u>	List of any additional pharmacies, permit number, corresponding responsible pharmacists and their license numbers if requesting that the pilot program be conducted at multiple sites.

I attest that the information furnished on this application is true and correct to the best of my knowledge.

Signature of Applicant Todd Picklesimer

Date 08/23/2023

A brief description, narrative, or summary of the new process or procedure for which approval is being sought.

Air Support is a technological workflow enhancement which will support our pharmacy teams by creating a dynamic sharing of workload between Virginia licensed pharmacies. Air Support will assist pharmacies under common ownership with entering prescription and patient data into a data processing system, performing prospective DUR, data entry verification and prescription product accuracy. For central processing of prescription product accuracy, which is the activity for which approval is being sought, virtual verification will be utilized, which is a workflow enhancement using proprietary picture technology where technicians take pictures of the prescription product which allows a pharmacist to verify prescription product accuracy using images. Utilization of activities related to dispensing process, including prescription product accuracy, through Air-Support will allow for well-timed pharmacist order review to assist in timely care for patients and support our pharmacies.

A listing of the laws or regulations for which waivers are being requested through approval of this program and a brief explanation why each waiver is needed.

CVS Health is asking for a waiver of 18VAC110-20-276 central or remote processing to allow a pharmacy under common ownership to outsource product accuracy using proprietary picture technology (Virtual Verification) once a prescription has been prepared by a pharmacy technician or pharmacy technician trainee and prior to delivery to the patient.

An explanation as to the rationale for the program, i.e. benefit to the consumer or industry.

Air Support will allow our pharmacy teams the flexibility to provide greater patient care as well as creating a system of support, amongst peers. CVS believes it can unlock greater capacity to allow for both an improved working environment, as well as a better experience for our patients. CVS Health is also committed to supporting our pharmacy colleagues with innovation to streamline the dispensing process as well as a commitment to reducing workload.

A summary of the outcomes that will be measured, method for measuring, and timelines for measurements, including requested duration of the approval.

CVS Health will measure specific outcomes throughout the duration of the pilot program to assess the effectiveness of the technology. These outcomes will be focused in the following areas and measured quarterly:

- Prescriptions ready when promised- will measure the number of prescriptions that have passed all verification steps before or by their promised time.
 - # of prescriptions completed by promise time / Total # of prescriptions verified (over a given amount of time)

- Production Verification rejection rates – will measure the number of work items that are rejected (needing rework) during the prescription verification/ quality check phase. There can be multiple work items per prescription.
 - Total # of rejected scripts / Total # of scripts checked (within a given timeframe)

CVS Health would like to request this Innovative Pilot Program for a one-year duration, with the possibility of extending the program at the end of that time.

Any measures that will be taken to ensure security of drug product and confidential information in the execution of the pilot program, if applicable.

Patient Confidentiality addressed in Professional Standards Policy and Procedure attached and labeled separately.

Disclosure of any financial interests, if applicable.

No financial interests to disclose

Any additional supporting information, such as technical or other descriptive literature describing equipment or a process, or information from another state where this process or procedure has been tested, etc.

Air Support is currently live in 800 CVS Health retail locations, spanning five states, with expectation to be live in 4.7k stores by January 2024.

List of any additional pharmacies, permit number, corresponding responsible pharmacists and their license numbers if requesting that the pilot program be conducted at multiple sites.

Attached

BEFORE THE VIRGINIA BOARD OF PHARMACY

IN RE: CVS HEALTH
License Number: 0226-000072
Case Number: 244594

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Pharmacy ("Board") and CVS Health, the corporate entity governing CVS/Pharmacy store locations, as evidenced by their signatures hereto, in lieu of proceeding to informal conference, enter into the following Consent Order affecting CVS Health's application for an extension and expansion of its approval for an innovative (pilot) program, Air Support, in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. On October 3, 2023, the Board received an application from CVS Health, the corporate entity governing CVS/Pharmacy store locations, for approval of an innovative (pilot) program, Air Support, at several CVS/Pharmacy locations. By Order entered by the Board on April 4, 2024, the application for the innovative (pilot) program was approved for 17 CVS/Pharmacy store locations.

2. On December 17, 2024, CVS Health requested a renewal of the innovative (pilot) program and an expansion of said program to additional CVS/Pharmacy store locations. CVS Health notified the Board that, if approved, the innovative (pilot) program would be continued or implemented at the following 117 CVS/Pharmacy locations:

a. CVS/Pharmacy #00012 is located at 13800 Hull Street Road, Midlothian, Virginia 23112, and holds Permit Number 0201-003183 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

b. CVS/Pharmacy #00067 is located at 208 East Main Street, Charlottesville, Virginia 22902, and holds Permit Number 0201-000769 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

c. CVS/Pharmacy #00074 is located at 2823 West Main Street, Waynesboro, Virginia 22980, and holds Permit Number 0201-002235 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

d. CVS/Pharmacy #00516 is located at 1205 Bellevue Avenue, Richmond, Virginia 23227, and holds Permit Number 0201-001106 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

e. CVS/Pharmacy #00947 is located at 28 Abby Road, Palmyra, Virginia 22963, and holds Permit Number 0201-004219 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

f. CVS/Pharmacy #01525 is located at 6400 Iron Bridge Road, Richmond, Virginia 23234, and holds Permit Number 0201-001373 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

g. CVS/Pharmacy #01530 is located at 2738 West Broad Street, Richmond, Virginia 23220, and holds Permit Number 0201-000597 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

h. CVS/Pharmacy #01534 is located at 1301 East Nine Mile Road, Highland Springs, Virginia 23075, and holds Permit Number 0201-002111 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

i. CVS/Pharmacy #01537 is located at 5001 West Broad Street, Richmond, Virginia 23230, and holds Permit Number 0201-000584 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

j. CVS/Pharmacy #01542 is located at 629 Boulevard, Colonial Heights, Virginia 23834, and holds Permit Number 0201-000576 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

k. CVS/Pharmacy #01547 is located at 6400 Centralia Road, Chesterfield, Virginia 23832, and holds Permit Number 0201-002455 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

l. CVS/Pharmacy #01551 is located at 1341 Long Street, Charlottesville, Virginia 22901, and holds Permit Number 0201-001495 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

m. CVS/Pharmacy #01552 is located at 780 Martin Luther King Jr. Way, Harrisonburg, Virginia 22801, and holds Permit Number 0201-000632 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

n. CVS/Pharmacy #01553 is located at 1235 West Broad Street, Waynesboro, Virginia 22980, and holds Permit Number 0201-000648 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

o. CVS/Pharmacy #01555 is located at 1133 5th Street Southwest, Charlottesville, Virginia 22902, and holds Permit Number 0201-002074 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

p. CVS/Pharmacy #01556 is located at 1170 Emmet Street N., Charlottesville, Virginia 22903, and holds Permit Number 0201-000569 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

q. CVS/Pharmacy #01557 is located at 1302 Barterbrook Road, Staunton, Virginia 24401, and holds Permit Number 0201-000573 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

r. CVS/Pharmacy #01559 is located at 919 South Main Street, Farmville, Virginia 23901, and holds Permit Number 0201-001731 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

s. CVS/Pharmacy #01566 is located at 150 Madison Road, Culpeper, Virginia 22701, and holds Permit Number 0201-001163 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

t. CVS/Pharmacy #01656 is located at 221 East Hundred Road, Chester, Virginia 23836, and holds Permit Number 0201-004143 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

u. CVS/Pharmacy #01798 is located at 2537 Weir Road, Chester, Virginia 23831, and holds Permit Number 0201-002962 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

v. CVS/Pharmacy #01826 is located at 972 East Little Creek Road, Norfolk, Virginia 23518, and holds Permit Number 0201-004410 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

w. CVS/Pharmacy #01836 is located at 13620 Genito Road, Midlothian, Virginia 23112, and holds Permit Number 0201-004151 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

x. CVS/Pharmacy #01971 is located at 4715 Walmsley Boulevard, Richmond, Virginia 23234, and holds Permit Number 0201-001241 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

y. CVS/Pharmacy #01976 is located at 5100 South Laburnum Avenue, Richmond, Virginia 23231, and holds Permit Number 0201-001650 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

z. CVS/Pharmacy #01978 is located at 2100 South Crater Road, Petersburg, Virginia 23805, and holds Permit Number 0201-002229 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

aa. CVS/Pharmacy #01979 is located at 3851 North Bailey Bridge Road, Midlothian, Virginia 23112, and holds Permit Number 0201-002325 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

ab. CVS/Pharmacy #01980 is located at 7048 Mechanicsville Turnpike, Mechanicsville, Virginia 23111, and holds Permit Number 0201-002333 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

ac. CVS/Pharmacy #01985 is located at 133 Junction Drive, Ashland, Virginia 23005, and holds Permit Number 0201-002743 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

ad. CVS/Pharmacy #01988 is located at 3514 West Cary Street, Richmond, Virginia 23221, and holds Permit Number 0201-000771 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

ae. CVS/Pharmacy #01990 is located at 6100 Lakeside Avenue, Richmond, Virginia 23228, and holds Permit Number 0201-000773 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

af. CVS/Pharmacy #02011 is located at 100 Dunlop Circle Drive, Dunlop Village Shopping Center, Colonial Heights, Virginia 23834, and holds Permit Number 0201-003295 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

ag. CVS/Pharmacy #02150 is located at 8185 Atlee Road, Mechanicsville, Virginia 23111, and holds Permit Number 0201-003698 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

ah. CVS/Pharmacy #02307 is located at 7590 Staples Mill Road, Richmond, Virginia 23228, and holds Permit Number 0201-003547 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

ai. CVS/Pharmacy #02389 is located at 9501 Woodman Road, Richmond, Virginia 23228, and holds Permit Number 0201-003775 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

aj. CVS/Pharmacy #02691 is located at 9498 Charter Gate Drive, Mechanicsville, Virginia 23116, and holds Permit Number 0201-003705 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

ak. CVS/Pharmacy #02706 is located at 8121 Midlothian Turnpike, North Chesterfield, Virginia 23235, and holds Permit Number 0201-003738 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

al. CVS/Pharmacy #03048 is located at 3200 Lafayette Boulevard, Norfolk, Virginia 23509, and holds Permit Number 0201-004434 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

am. CVS/Pharmacy #03328 is located at 6911 Walmsley Boulevard, North Chesterfield, Virginia 23235, and holds Permit Number 0201-003448 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

an. CVS/Pharmacy #03460 is located at 600 University City Boulevard, Blacksburg, Virginia 24060, and holds Permit Number 0201-002917 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

ao. CVS/Pharmacy #03502 is located at 3908 Campbell Avenue, Lynchburg, Virginia 24501, and holds Permit Number 0201-000704 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

ap. CVS/Pharmacy #03503 is located at 1351 Bob White Boulevard, Pulaski, Virginia 24301, and holds Permit Number 0201-001413 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

aq. CVS/Pharmacy #03509 is located at 4861 Amherst Highway, Madison Heights, Virginia 24572, and holds Permit Number 0201-001499 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

ar. CVS/Pharmacy #03512 is located at 2259 Langhorne Road, Lynchburg, Virginia 24501, and holds Permit Number 0201-000700 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

as. CVS/Pharmacy #03515 is located at 7738 Richmond Highway, Appomattox, Virginia 24522, and holds Permit Number 0201-00001497 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

at. CVS/Pharmacy #03521 is located at 471 N. Military Highway, Norfolk, Virginia 23502, and holds Permit Number 0201-004456 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

au. CVS/Pharmacy #03548 is located at 2009 Wards Road, Lynchburg, Virginia 24502, and holds Permit Number 0201-000701 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

av. CVS/Pharmacy #03566 is located at 605 Wood Avenue, Big Stone Gap, Virginia 24219, and holds Permit Number 0201-002806 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

aw. CVS/Pharmacy #03785 is located at 100 Meadow Street, Galax, Virginia 24333, and holds Permit Number 0201-002921 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

ax. CVS/Pharmacy #03922 is located at 1128 Park Avenue NW, Norton, Virginia 24273, and holds Permit Number 0201-002804 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

ay. CVS/Pharmacy #04063 is located at 1109 Benn's Church Road, Smithfield, Virginia 23430, and holds Permit Number 0201-003524 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

az. CVS/Pharmacy #04237 is located at 1100 South High Street, Harrisonburg, Virginia 22801, and holds Permit Number 0201-002799 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

ba. CVS/Pharmacy #04285 is located at 21550 Timberlake Road, Lynchburg, Virginia 24502, and holds Permit Number 0201-001551 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

bb. CVS/Pharmacy #04520 is located at 1800 Frederick Boulevard, Portsmouth, Virginia 23707, and holds Permit Number 0201-004380 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

bc. CVS/Pharmacy #04656 is located at 1417-25 University Avenue, Charlottesville, Virginia 22903, and holds Permit Number 0201-004252 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

bd. CVS/Pharmacy #05501 is located at 3555 Airline Boulevard, Portsmouth, Virginia 23701, and holds Permit Number 0201-004443 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

be. CVS/Pharmacy #05505 is located at 801 East Main Street, Abingdon, Virginia 24210, and holds Permit Number 0201-001625 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

bf. CVS/Pharmacy #05722 is located at 1217 E. Main Street, Bedford, Virginia 24523, and holds Permit Number 0201-001880 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

bg. CVS/Pharmacy #05986 is located at 1205 North Laburnum Avenue, Richmond, Virginia 23223, and holds Permit Number 0201-004425 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

bh. CVS/Pharmacy #06302 is located at 265 Market Street, North Tazewell, Virginia 24630, and holds Permit Number 0201-002569 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

bi. CVS/Pharmacy #06303 is located at 2940 Clinch Street, Richlands, Virginia 24641, and holds Permit Number 0201-002571 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

bj. CVS/Pharmacy #06322 is located at 1310 Churchville Avenue, Staunton, Virginia 24401, and holds Permit Number 0201-002437 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

bk. CVS/Pharmacy #06327 is located at 1370 East Main Street, Wytheville, Virginia 24382, and holds Permit Number 0201-002425 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

bl. CVS/Pharmacy #06329 is located at 1775 South Main Street, Blacksburg, Virginia 24060, and holds Permit Number 0201-002570 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

bm. CVS/Pharmacy #07002 is located at 112 South Main Street, Amherst, Virginia 24521, and holds Permit Number 0201-002595 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

bn. CVS/Pharmacy #07028 is located at 18665 Forest Road, Lynchburg, Virginia 24502, and holds Permit Number 0201-002651 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

bo. CVS/Pharmacy #07308 is located at 915 West Stuart Drive, Hillsville, Virginia 24343, and holds Permit Number 0201-001870 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

bp. CVS/Pharmacy #07343 is located at 241 Gateway Plaza, Suite 105, Gate City, Virginia 24251, and holds Permit Number 0201-002137 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

bq. CVS/Pharmacy #07352 is located at 240-B Lusardi Drive, Brookneal, Virginia 24528, and holds Permit Number 0201-002211 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

br. CVS/Pharmacy #07365 is located at 31 East Valley Drive, Bristol, Virginia 24201, and holds Permit Number 0201-002228 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

bs. CVS/Pharmacy #07378 is located at 1515-A Longwood Avenue, Bedford, Virginia 24523, and holds Permit Number 0201-002175 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

bt. CVS/Pharmacy #07525 is located at 1100 Main Street, Altavista, Virginia 24517, and holds Permit Number 0201-002293 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

bu. CVS/Pharmacy #07526 is located at 945-A North Main Street, Marion, Virginia 24354, and holds Permit Number 0201-002344 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

bv. CVS/Pharmacy #07543 is located at 550 North Franklin Street, Christiansburg, Virginia 24073, and holds Permit Number 0201-002654 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

bw. CVS/Pharmacy #07558 is located at 720 Round Hill Drive, Orange, Virginia 22960, and holds Permit Number 0201-002605 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

bx. CVS/Pharmacy #07592 is located at 31 West Main Street, Radford, Virginia 24141, and holds Permit Number 0201-002524 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

by. CVS/Pharmacy #07593 is located at 1404 West 211 Bypass, Luray, Virginia 22835, and holds Permit Number 0201-002510 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

bz. CVS/Pharmacy #07658 is located at 100 Giles Avenue, Dublin, Virginia 24084, and holds Permit Number 0201-000246 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

ca. CVS/Pharmacy #07947 is located at 1151 Port Republic Road, Harrisonburg, Virginia 22801, and holds Permit Number 0201-004196 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

cb. CVS/Pharmacy #07948 is located at 14566 Forest Road, Forest, Virginia 24551, and holds Permit Number 0201-004190 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

cc. CVS/Pharmacy #08288 is located at 9026 Seminole Trail, Ruckersville, Virginia 22968, and holds Permit Number 0201-004334 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

cd. CVS/Pharmacy #08302 is located at 2232 General Booth Boulevard, Virginia Beach, Virginia 23456, and holds Permit Number 0201-004432 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

ce. CVS/Pharmacy #10013 is located at 2981 South Military Highway, Chesapeake, Virginia 23323, and holds Permit Number 0201-004477 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

cf. CVS/Pharmacy #10021 is located at 3717 Hampton Boulevard, Norfolk, Virginia 23508, and holds Permit Number 0201-004607 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

cg. CVS/Pharmacy #10088 is located at 5829 High Street West, Portsmouth, Virginia 23703, and holds Permit Number 0201-004578 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

ch. CVS/Pharmacy #10202 is located at 2212 Campostella Road, Chesapeake, Virginia 23234, and holds Permit Number 0201-004545 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

ci. CVS/Pharmacy #10251 is located at 2704 Oaklawn Boulevard, Hopewell, Virginia 23860, and holds Permit Number 0201-004826 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

cj. CVS/Pharmacy #10440 is located at 709 East Main Street, Floyd, Virginia 24091, and holds Permit Number 0201-004789 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

ck. CVS/Pharmacy #10563 is located at 20500 Heron Overlook Plaza, Ashburn, Virginia 20147, and holds Permit Number 0201-004881 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

cl. CVS/Pharmacy #10684 is located at 1020 Seneca Road, Great Falls, Virginia 22066, and holds Permit Number 0201-004872 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

cm. CVS/Pharmacy #10746 is located at 1700 Seminole Trail, Charlottesville, Virginia 22901, and holds Permit Number 0201-004759 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

cn. CVS/Pharmacy #10971 is located at 1906 Reston Metro Plaza, Suite 100, Reston, Virginia 20190, and holds Permit Number 0201-004936 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

co. CVS/Pharmacy #10991 is located at 12 East Windsor Boulevard, Windsor, Virginia 23487, and holds Permit Number 0201-001192 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

cp. CVS/Pharmacy #10992 is located at 17307 Hull Street Road, Moseley, Virginia 23120, and holds Permit Number 0201-004754 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

cq. CVS/Pharmacy #11056 is located at 2775 Godwin Boulevard, Suffolk, Virginia 23434, and holds Permit Number 0201-004808 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

cr. CVS/Pharmacy #16398 is located at 46201 Potomac Run Plaza, Sterling, Virginia 20164, and holds Permit Number 0201-003329 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

cs. CVS/Pharmacy #16405 is located at 721 Southpark Boulevard, Colonial Heights, Virginia 23834, and holds Permit Number 0201-003327 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

ct. CVS/Pharmacy #16406 is located at 2530 Weir Road, Chester, Virginia 23831, and holds Permit Number 0201-003346 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

cu. CVS/Pharmacy #16407 is located at 5401 West Broad Street, Richmond, Virginia 23230, and holds Permit Number 0201-003376 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

cv. CVS/Pharmacy #16408 is located at 10100 Brook Road, Glen Allen, Virginia 23059, and holds Permit Number 0201-003344 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

cw. CVS/Pharmacy #16433 is located at 1245 North Military Highway, Norfolk, Virginia 23502, and holds Permit Number 0201-003341 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

cx. CVS/Pharmacy #16467 is located at 12197 Sunset Hills Road, Reston, Virginia 20190, and holds Permit Number 0201-003421 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

cy. CVS/Pharmacy #16580 is located at 4601 Commonwealth Center Parkway, Midlothian, Virginia 23112, and holds Permit Number 0201-003639 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

cz. CVS/Pharmacy #16622 is located at 4028 Wards Road, Lynchburg, Virginia 24502, and holds Permit Number 0201-003699 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

da. CVS/Pharmacy #16636 is located at 195 Conston Avenue, Christiansburg, Virginia 24073, and holds Permit Number 0201-003713 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

db. CVS/Pharmacy #16758 is located at 4200 Portsmouth Boulevard, Suite 600, Chesapeake, Virginia 23321, and holds Permit Number 0201-003790 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

dc. CVS/Pharmacy #16978 is located at 312 Connor Drive, Charlottesville, Virginia 22911, and holds Permit Number 0201-004039 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

dd. CVS/Pharmacy #16994 is located at 1200 Edwards Ferry Road Northeast, Leesburg, Virginia 20176, and holds Permit Number 0201-003984 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

de. CVS/Pharmacy #17049 is located at 7107 Forest Hill Avenue, Richmond, Virginia 23225, and holds Permit Number 0201-004013 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

df. CVS/Pharmacy #17084 is located at 7235 Bell Creek Road, Mechanicsville, Virginia 23111, and holds Permit Number 0201-004014 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

dg. CVS/Pharmacy #17159 is located at 1995 East Market Street, Harrisonburg, Virginia 22801, and holds Permit Number 0201-004051 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

dh. CVS/Pharmacy #17325 is located at 15341 Montanus Drive, Culpeper, Virginia 22701, and holds Permit Number 0201-004137 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

di. CVS/Pharmacy #17346 is located at 45130 Columbia Place, Sterling, Virginia 20166, and holds Permit Number 0201-004169 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

dj. CVS/Pharmacy #17364 is located at 811 Town Center Drive, Waynesboro, Virginia 22980, and holds Permit Number 0201-004191 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

dk. CVS/Pharmacy #17376 is located at 16600 Highlands Center Boulevard, Bristol, Virginia 24202, and holds Permit Number 0201-004166 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

dl. CVS/Pharmacy #17402 is located at 9001 Staples Mill Road, Henrico, Virginia 23228, and holds Permit Number 0201-004189 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

dm. CVS/Pharmacy #17492 is located at 4521 South Laburnum Avenue, Richmond, Virginia 23231, and holds Permit Number 0201-004243 to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025.

3. C. Todd Picklesimer, Pharmacist, will serve as the responsible party for the innovative (pilot) program and maintains License Number 0202-213820 to practice pharmacy in the Commonwealth of Virginia in good standing, which is scheduled to expire on December 31, 2025.

4. CVS Health requested a waiver of 18 VAC 110-20-276 of the Regulations Governing the Practice of Pharmacy, which limits remote processing to prescription-filling processes, but does not include the verification of prescriptions by a pharmacist after they are prepared and prior to the dispensing of such prescriptions. CVS Health requested that a Virginia licensed pharmacist at a remote location be allowed to perform the final product verification of prescriptions using the virtual verification process, excluding Schedule II prescriptions, prescriptions without virtual verification images, and prescriptions that do not have a 2D barcode scanned with the lot number and expiration date.

5. The application is properly before the Board, and it is within its sound discretion to grant or deny said application.

CONSENT

CVS Health, by affixing the signature of a representative hereon to this Order, agrees to the following:

1. CVS Health has been advised to seek advice of counsel prior to signing this document;
2. CVS Health is fully aware that without its consent, no legal action can be taken against it or its license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;
3. CVS Health acknowledges that it has the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;
4. CVS Health waives its right to an informal conference;
5. CVS Health admits to the Findings of Fact and Conclusions of Law contained herein and waives its right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;
6. CVS Health consents to the entry of the following Order affecting its application for renewal of the innovative (pilot) program and an expansion of said program to additional CVS/Pharmacy store locations in the Commonwealth of Virginia

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Pharmacy hereby ORDERS APPROVES the application of CVS Health for renewal and expansion of an innovative (pilot) program, Air Support Pilot, at the CVS/Pharmacy locations identified in Findings of Fact 2(a)-(dm) contingent upon the following terms and conditions:

1. CVS Health shall inform the Board of the date of implementation of the innovative (pilot) program at each CVS/Pharmacy location identified in Finding of Fact 2(a)-(dm). This approval shall be effective for all such locations for a period of one year from the date of the earliest such program to be put into effect.
2. Prior to the implementation of the innovative (pilot) program at any of these participating location, CVS Health shall submit to the Board a policy and procedures manual, as outlined in 18 VAC 110-20-276(D) of the Regulations, which shall be maintained at each participating pharmacy location.
3. The requirements of 18 VAC 110-20-276 of the Regulations, which limits remote processing to prescription-filling processes, but does not include the verification of prescriptions by a pharmacist after they are prepared and prior to the dispensing of such prescriptions, is waived, to allow pharmacists to perform final prescription verification utilizing the Virtual Verification process from a remote location.
4. Each pharmacy location participating in this innovative (pilot) program shall comply with the Virginia-specific Virtual Verification process, which has previously been approved by the Board.
5. Each pharmacy location participating in this innovative (pilot) program shall comply with the requirements 18 VAC 110-20-113 of the Emergency Regulations – Workplace Conditions (effective September 29, 2023).
6. CVS Health shall provide a single quarterly report to the Board, which identifies for each location participating in the innovative (pilot) program: (1) the number of prescriptions completed by the promised time compared to the total number of prescriptions verified, and (2) the total number of rejected prescriptions compared to the total number of prescriptions verified, including the reason for the rejection. The reports shall be submitted on a quarterly basis to the Board, with the first report due no later than 60 days from implementation of this innovative (pilot) program and subsequent reports due

the last day of the months of March, June, September and December until CVS Health is notified, in writing, that the reporting requirement is ended.

7. Except as specifically waived in this Order, each location participating in this innovative (pilot) program shall comply with all applicable laws and regulations governing the practice of pharmacy in the Commonwealth of Virginia and with the processes as proposed in the original application for the innovative (pilot) program, as approved by the Board's Order entered on April 4, 2024.

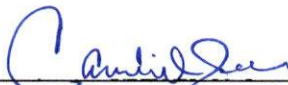
8. Any operational changes or modifications to the innovative (pilot) program shall be approved by the Board prior to initiation of the modification.

9. Any violation of this Order shall constitute grounds for the rescission of the approval, and an administrative proceeding shall be convened to determine whether the approval shall be rescinded.

10. To request the renewal of the innovative (pilot) program, an application and current renewal fee per the Regulations must be submitted to the Board no less than 90 days prior to the expiration of this Order.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

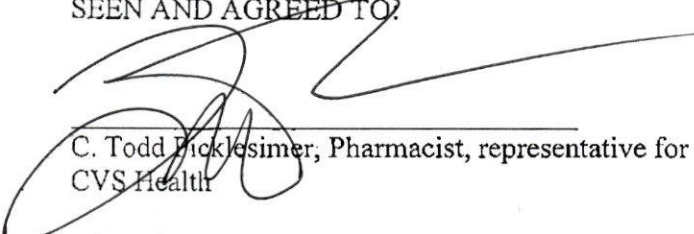
FOR THE BOARD



Caroline D. Juran
Executive Director
Virginia Board of Pharmacy

ENTERED: 2/25/2025

SEEN AND AGREED TO:



C. Todd Picklesimer, Pharmacist, representative for
CVS Health

COMMONWEALTH OF VIRGINIA
COUNTY/CITY OF Chesterfield, TO WIT:

Subscribed and sworn to before me, a notary public in and for the Commonwealth of Virginia at large,
on this 24 day of February, 2025.



Notary Public

My commission expires:

08/31/2026

Registration No.:

8014367

BEFORE THE VIRGINIA BOARD OF PHARMACY

NOV 03 2023

IN RE: **BrightView, LLC**
Permit Number: 0226-000068
Case Number: 232284

Received
VA Board of Pharmacy

NOV - 3 2023

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Pharmacy (“Board”) and Tina Brockman, Pharmacist-in-Charge of BrightView, LLC (“BrightView Lynchburg”), as evidenced by their signatures hereto, in lieu of proceeding to informal conference, enter into the following Consent Order affecting the application of BrightView Lynchburg for approval of an innovative (pilot) program, “BrightView’s Remote Pharmacist Verification,” in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. On March 23, 2023, the Board issued Permit Number 0201-005066 to BrightView Lynchburg to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2024. BrightView Lynchburg is located at and bears the address of 3704 Old Forest Road, Lynchburg, Virginia 24501.
2. Tina Brockman, Pharmacist, maintains License Number 0202-214018 in current and active status, serves as the Pharmacist-in-Charge at BrightView Lynchburg, and is designated on the application for approval of the innovative (pilot) program as the pharmacist responsible for the pilot program.
3. On March 17, 2023, the Board received an application from BrightView Lynchburg for approval of an innovative (pilot) program, “BrightView’s Remote Pharmacist Verification.”
4. BrightView Lynchburg requested a waiver of the requirements of 18 VAC 110-20-110(A) of the Regulations Governing the Practice of Pharmacy (“Regulations”), which limits a

pharmacist to simultaneously serving as the pharmacist-in-charge (“PIC”) at only two locations at a given time. BrightView Lynchburg requested that the pharmacist be permitted to serve as a PIC simultaneously at no more than five opioid treatment program (“OTP”) pharmacies.

5. BrightView Lynchburg requested a waiver of 18 VAC 110-20-170(1) of the Regulations, which requires a PIC to maintain a current dispensing information reference source consistent with the scope of pharmacy practice at the location of the permitted pharmacy. BrightView Lynchburg requested that the PIC be allowed to maintain the required reference at the location where he or she performs the remote verification and completes the drug utilization review.

6. BrightView Lynchburg requested a waiver of 18 VAC 110-20-250(A)(4) of the Regulations, which requires the pharmacist verifying the accuracy of dispensed prescriptions to sign a daily signature log (“Pharmacist Daily Signature Log”) attesting to the fact that the dispensing information and data entry of on-hold prescriptions entered into the computer that day have been reviewed by the pharmacist and are correct; and 18 VAC 110-20-270(B) of the Regulations, which requires a pharmacist to verify the accuracy in all respects of all prescriptions after the prescriptions have been prepared and prior to the delivery of the orders, and place the pharmacist’s initials on the record of dispensing as a certification of the accuracy of and the responsibility for the entire transaction. In lieu of the Pharmacist Daily Signature Log, BrightView Lynchburg requested that the pharmacist be allowed to sign the remote daily unit inventory report, which lists all unit inventory dispensed in the pharmacy software for take-home doses, to include the date(s) of dispensing, patient’s identification, name, strength, dosage form of the medication, and the dispenser’s identification. Said signed report would then be saved in an electronic folder, organized by each pharmacy location and accessible for two years. The pharmacist’s required inspection of the prescription would occur remotely, via real-time audio and

video communication, including the drug utilization review, Prescription Monitoring Program check, order review, and order verification.

7. BrightView Lynchburg requested a waiver of Virginia Code § 54.1-3432, which requires that each pharmacy be under the personal supervision of a pharmacist on the premises of the pharmacy; and 18 VAC 110-20-190 of the Regulations, which limits access to the prescription department enclosure to pharmacists and requires the prescription department enclosure to be locked and alarmed when the pharmacist is not physically on duty in the facility. BrightView Lynchburg requested that registered nurses and licensed practical nurses employed by the OTP pharmacies be allowed to enter the pharmacy enclosure when a pharmacist is not on duty to allow said nursing staff to access methadone (C-II) or buprenorphine (C-III) doses for administration or to retrieve pharmacist-verified take-home doses of methadone and buprenorphine for patients.

8. BrightView Lynchburg requested a waiver of 18 VAC 110-20-276(A) of the Regulations, which does not allow for central or remote processing to include the final verification of a completed prescription prior to dispensing said prescription. BrightView Lynchburg requested the pharmacist be allowed to perform final physical product verification remotely via Microsoft Teams real-time two-way video and live chat with the dispensing nurse.

9. BrightView Lynchburg requested a waiver of 18 VAC 110-20-10, which defines “on duty” as when a pharmacist is physically present on the premises at the address of the permitted pharmacy and available as needed. BrightView Lynchburg requested that “on duty” also include that a pharmacist could be offsite at a remote location performing pharmacist duties via Microsoft Teams real-time two-way video and live chat.

10. The application of BrightView Lynchburg for approval of an innovative (pilot) program is properly before the Board, and it is within the Board’s discretion to grant or deny said application.

CONSENT

BrightView Lynchburg, by affixing the signature of a representative hereon to this Order, agrees to the following:

1. BrightView Lynchburg has been advised to seek advice of counsel prior to signing this document;
2. BrightView Lynchburg is fully aware that without its consent, no legal action can be taken against it or its application for approval of an innovative (pilot) program except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;
3. BrightView Lynchburg acknowledges that it has the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;
4. BrightView Lynchburg waives its right to an informal conference;
5. BrightView Lynchburg admits to the Findings of Fact and Conclusions of Law contained herein and waives its right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;
6. BrightView Lynchburg consents to the entry of the following Order affecting its application for approval of an innovative (pilot) program in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Pharmacy hereby ORDERS that the application of BrightView Lynchburg for an innovative (pilot) program, "BrightView's Remote Pharmacist Verification," is APPROVED for a period of three years from the date of entry of this Order, subject to the following terms and conditions:

1. The approval of this innovative (pilot) program is limited to BrightView Lynchburg located at 3704 Old Forest Road, Lynchburg, Virginia 24501.

2. The PIC of BrightView Lynchburg may, in his or her professional judgement, serve as the PIC at no more than 5 OTP locations owned by BrightView, LLC, the corporate entity governing BrightView Lynchburg, which are operating a pilot program consistent with this Order.

3. Consistent with 18 VAC 110-20-111, BrightView Lynchburg shall maintain a site-specific training program and manual, and documentation of successful completion of said training program for registered nurses and licensed practical nurses performing the duties of pharmacy technicians pursuant to Virginia Code § 54.1-3321(I).

4. In addition to maintaining a current dispensing information reference source consistent with the scope of pharmacy practice at the location of the permitted pharmacy, pharmacists performing remote verification for BrightView Lynchburg shall be required to maintain a reference at the location where he or she performs the remote verification and completes the drug utilization review.

5. The requirement of 18 VAC 110-20-250(A)(4) of the Regulations requiring the pharmacist verifying the accuracy of dispensed prescriptions to sign a Pharmacy Daily Signature Log is waived to allow the dispensing log to be maintained electronically, rather than a printed physical dispensing log. In lieu of the Pharmacist Daily Signature Log, the pharmacist at BrightView Lynchburg shall be allowed to sign the remote daily unit inventory report, which lists all unit inventory dispensed in the pharmacy software for take-home doses, to include the date(s) of dispensing, patient's identification, name, strength, dosage form of the medication, and the dispenser's identification. Said record may be maintained electronically provided that the record is retrievable within 48 hours of request by the Board or its agent.

6. The limitation of 18 VAC 110-20-276(A), prohibiting central or remote processing from including the dispensing of drug products is waived. BrightView Lynchburg shall comply with all

aspects of 18 VAC 110-20-270(B) of the Regulations pertaining to the verification of dispensed prescriptions, which may be performed remotely.

7. Compliance with “personal supervision” as set forth in Virginia Code § 54.1-3432 and “on duty,” as defined in 18 VAC 110-20-10, shall be met when a pharmacist at BrightView Lynchburg is available full-time during operating hours via real-time two-way audio and visual supervision and shall include a minimum of two days per month physically on site at the pharmacy location.

8. The innovative (pilot) program shall be subject to one unannounced inspection by the Board or its designated agent within one year from the date of entry of this order. BrightView Lynchburg shall be responsible for the payment of an inspection fee as set forth by the Enforcement Division of the Virginia Department of Health Professions to be paid to the Board within 30 days of the inspection. Any fee not paid in a timely manner will be sent for collections. In the event that an inspection reveals a possible violation of the laws or regulations pertaining to the practice of pharmacy in Virginia or the Virginia Drug Control Act (Virginia Code §§ 54.1-3400 *et seq.*), the Board may notice BrightView Lynchburg to appear for an administrative hearing.

9. BrightView Lynchburg shall submit quarterly reports to the Board, which indicate the number of remote verifications performed by pharmacists and of any dispensing errors. The first report shall be due within 60 days from the date of entry of this Order. These reports shall be submitted no later than five days following the end of each quarter in March, June, September, and December, of each year this Order remains in effect.

10. BrightView Lynchburg shall measure and maintain a record of the number of remote verifications performed by pharmacists, the number of incident reports arising from dispensing errors, and the average daily patient census. This record shall be maintained for a period of two years.

11. In the event of any reports of significant errors or other problems, or in the event that any inspection reveals a possible violation of the laws or regulations pertaining to the practice of pharmacy in Virginia, or in the event of a failure to comply with any term or condition of this Order, the Board may notice BrightView Lynchburg to appear at an administrative proceeding.

12. BrightView Lynchburg shall comply with the process indicated in its application for an innovative (pilot) program, "BrightView's Remote Pharmacist Verification," which is incorporated into this Order as Attachment A.

13. Except as specifically waived in this Order, BrightView Lynchburg shall maintain compliance with all applicable federal and state laws and regulations.

14. Any operational changes or modifications to the innovative (pilot) program shall be approved by the Board prior to initiation of the modification.

15. To request the renewal of the innovative (pilot) program, an application and current renewal fee per the Regulations must be submitted to the Board no less than 90 days prior to the expiration of this Order.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD



Caroline D. Juran
Executive Director
Virginia Board of Pharmacy

ENTERED: 1/11/23

SEEN AND AGREED TO:



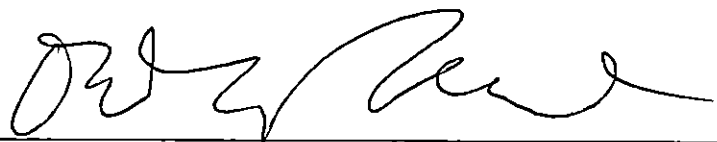
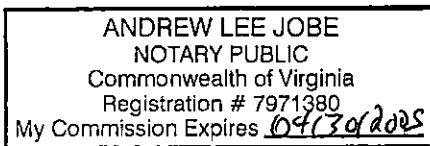
Tina Brockman, Pharmacist-in-Charge, representative for
BrightView Lynchburg

COMMONWEALTH OF VIRGINIA

COUNTY/CITY OF Lynchburg, TO WIT:

Subscribed and sworn to before me, a notary public in and for the Commonwealth of Virginia at large,

on this 2nd day of November, 2023.



Notary Public

My commission expires:

April 30, 2025

Registration No.:

7971380

BEFORE THE VIRGINIA BOARD OF PHARMACY

SEP 27 2024

IN RE: LYNCHBURG TREATMENT CENTER
Permit Number: 0201-004620
Case Number: 240089

Received
VA Board of Pharmacy

SEP 27 2024

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Pharmacy ("Board") and Robert Mackey, Pharmacist-in-Charge of Virginia Treatment Center, Inc., d.b.a Lynchburg Treatment Center ("Lynchburg"), as evidenced by their signatures hereto, in lieu of proceeding to informal conference, enter into the following Consent Order affecting the application of Lynchburg for approval of an innovative (pilot) program, "PROOF Remote Verification of Take-Home Doses in Opioid Treatment Program Pharmacies" in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. On November 24, 2014, the Board issued Permit Number 0201-004620 to Lynchburg to conduct a pharmacy in the Commonwealth of Virginia. Said permit is scheduled to expire on April 30, 2025. Lynchburg is located at and bears the address of 4000 Murray Place, Lynchburg, Virginia, 24501.
2. Robert Mackey, Pharmacist, maintains License Number 0202-212462 in current and active status, serves as the Pharmacist-in-Charge at Lynchburg, and is designated on the application for approval of the innovative (pilot) program as the pharmacist responsible for the pilot program.
3. On April 15, 2024, the Board received an application from Virginia Treatment Center, Inc. for approval of an innovative (pilot) program, "PROOF Remote Verification of Take-Home Doses in Opioid Treatment Program Pharmacies" for use in six of their facilities, including Lynchburg.
4. Lynchburg requested a waiver of the requirements of 18 VAC 110-20-110(A) of the Regulations Governing the Practice of Pharmacy ("Regulations"), which limits a pharmacist to

simultaneously serving as the pharmacist-in-charge ("PIC") at only two locations at a given time. Lynchburg requested that a pharmacist be permitted to serve as a PIC simultaneously at no more than three pharmacies located within opioid treatment program ("OTP") clinics.

5. Lynchburg requested a waiver of 18 VAC 110-20-170(1) of the Regulations, which requires a PIC to maintain a current dispensing information reference source consistent with the scope of pharmacy practice at the location of the permitted pharmacy. Lynchburg requested that the PIC be allowed to maintain electronic access to the required reference at the location where he or she performs his or her duties.

6. Lynchburg requested a waiver of 18 VAC 110-20-250(A)(4) of the Regulations, which requires the pharmacist verifying the accuracy of dispensed prescriptions to sign a daily signature log ("Pharmacist Daily Signature Log") attesting to the fact that the dispensing information and data entry of prescriptions entered into the computer that day have been reviewed by the pharmacist and are correct; and 18 VAC 110-20-270(B) of the Regulations, which requires a pharmacist to verify the accuracy in all respects of all prescriptions after the prescriptions have been prepared and prior to the delivery of the orders, and place the pharmacist's initials on the record of dispensing as a certification of the accuracy of and the responsibility for the entire transaction. In lieu of the Pharmacist Daily Signature Log, Lynchburg requested that an electronic report be generated and signed via electronic signature daily, with the time and date of each prescription fill captured through the Methsoft operating system. These daily logs will be saved electronically, organized by date, and electronically signed via pre-captured signature along with the signing pharmacist's individual personal identification number ("PIN"). Verification in all respects of each filled prescription would be conducted remotely via high-definition image capture with the pharmacist's initials applied electronically. Records of such remote verification would be maintained in a manner consistent with 18 VAC 110-20-270(B) of the Regulations.

7. Lynchburg requested to operate under Virginia Code § 54.1-3321(I), which would necessitate a waiver of Virginia Code § 54.1-3432, which requires that each pharmacy be under the personal supervision of a pharmacist on the premises of the pharmacy; and 18 VAC 110-20-190 of the Regulations, which limits access to the prescription department enclosure to pharmacists and requires the prescription department enclosure to be locked and alarmed when the pharmacist is not physically on duty in the facility. Lynchburg requested that registered nurses and licensed practical nurses employed by the OTP pharmacies be allowed to enter the pharmacy enclosure when a pharmacist is not on duty to allow said nursing staff to access methadone (C-II) or buprenorphine (C-III) doses for administration or to retrieve pharmacist-verified take-home doses of methadone and buprenorphine for patients. Direct communication between the registered nurses and licensed practical nurses and the remote pharmacist would be accomplished through secure Microsoft Teams messages, telephone conversation, and/or video conference.

8. Lynchburg requested a waiver of 18 VAC 110-20-276(A) of the Regulations, which does not allow for central or remote processing to include the final verification of a completed prescription prior to dispensing said prescription. Lynchburg requested the pharmacist be allowed to perform final physical product verification in all respects remotely via the PROOF platform.

9. Lynchburg requested a waiver of 18 VAC 110-20-10 of the Regulations, which defines "on duty" as when a pharmacist is physically present on the premises at the address of the permitted pharmacy and available as needed. Lynchburg requested that "on duty" and "personal supervision" also include that a pharmacist could be offsite at a remote location performing pharmacist duties. The Opio PROOF platform would enable the remote pharmacist to view standardized high-definition images of methadone, Suboxone, and Subutex (C-III) orders prepared by nursing staff for take-home doses. The

remote pharmacist would then be able to remotely review and approve such filled prescriptions, which would then be dispensed to the patient.

CONSENT

Lynchburg Treatment Center, by affixing the signature of a representative hereon to this Order, agrees to the following:

1. Lynchburg Treatment Center has been advised to seek advice of counsel prior to signing this document;

2. Lynchburg Treatment Center is fully aware that without its consent, no legal action can be taken against it or its permit except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. Lynchburg Treatment Center acknowledges that it has the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;

4. Lynchburg Treatment Center waives its right to an informal conference;

5. Lynchburg Treatment Center admits to the Findings of Fact and Conclusions of Law contained herein and waives its right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. Lynchburg Treatment Center consents to the entry of the following Order affecting its application for approval of an innovative (pilot) program in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Pharmacy hereby ORDERS that the application of Virginia Treatment Center, Inc., d.b.a. Lynchburg,

for an innovative (pilot) program, "PROOF Remote Verification of Take-Home Doses in Opioid Treatment Program Pharmacies," is APPROVED for a period of three years from the date of entry of this Order, subject to the following terms and conditions:

1. The approval of this innovative (pilot) program is limited to Lynchburg located at 4000 Murray Place, Lynchburg, Virginia, 24501.
2. The limitation of 18 VAC 110-20-110(A) of the Regulations, prohibiting a pharmacist from serving as the PIC at more than two locations simultaneously, is waived. The PIC of Lynchburg may, in his or her professional judgement, serve as the PIC at no more than three OTP locations owned by Virginia Treatment Center, Inc., the corporate entity governing Lynchburg, which are operating a pilot program consistent with this Order.
3. Consistent with 18 VAC 110-20-111 of the Regulations, Lynchburg shall maintain a site-specific training program and manual, and documentation of successful completion of said training program for registered nurses and licensed practical nurses performing the duties of pharmacy technicians pursuant to Virginia Code § 54.1-3321(I).
4. The requirement of 18 VAC 110-20-170(1) of the Regulations requiring the PIC to maintain a current dispensing information reference source at the location of the permitted pharmacy is waived to the extent that, in addition to maintaining a current dispensing information reference source consistent with the scope of pharmacy practice at the location of the permitted pharmacy, pharmacists performing remote verification for Lynchburg shall be permitted to maintain a reference at the location where he or she performs the remote verification and completes the drug utilization review.
5. The requirement of 18 VAC 110-20-250(A)(4) of the Regulations requiring the pharmacist verifying the accuracy of dispensed prescriptions to sign a Pharmacy Daily Signature Log is waived to allow the dispensing log to be generated and maintained electronically through the Methsoft

operating system, rather than a printed physical dispensing log. These daily logs will be saved electronically, organized by date, and electronically signed via pre-captured signature along with the signing pharmacist's individual PIN. Said record may be maintained electronically provided that the record is retrievable within 48 hours of request by the Board or its agent.

6. The requirement of 18 VAC 110-20-270(B) of the Regulations that a prescription must be verified in all respects by a pharmacist is waived to extent that such verification is permitted to be performed remotely. Verification in all respects of each filled prescription shall be conducted remotely via high-definition image capture with the pharmacist's initials applied electronically and records of such remote verification shall be maintained in a manner consistent with 18 VAC 110-20-270(B) of the Regulations. Lynchburg shall comply with all other aspects of 18 VAC 110-20-270(B) of the Regulations pertaining to the verification of dispensed prescriptions.

7. The limitation of 18 VAC 110-20-276(A) of the Regulations, prohibiting central or remote processing from including the final verification of drug products prior to dispensing, is waived to permit Lynchburg to preform final physical product verification in all respects remotely via the PROOF platform.

8. Compliance with "personal supervision" as set forth in Virginia Code § 54.1-3432 and "on duty," as defined in 18 VAC 110-20-10 of the Regulations, shall be met when a pharmacist at Lynchburg is available full-time during operating hours from a remote location via real-time two-way audio and visual supervision and shall include a minimum of two days per month physically on site at the pharmacy location. Additionally, 18 VAC 110-20-190 of the Regulations is waived to permit registered nurses and licensed practical nurses employed by the OTP pharmacies to enter the pharmacy enclosure when a pharmacist is not physically present but is accessible remotely to allow said nursing staff to access methadone or buprenorphine doses for administration or to retrieve pharmacist-verified

take-home doses of methadone and buprenorphine for patients. Direct communication between the registered nurses and licensed practical nurses and the remote on-duty pharmacist shall be accomplished through secure Microsoft Teams messages, telephone conversation, and/or video conference.

9. The innovative (pilot) program shall be subject to one unannounced inspection by the Board or its designated agent within one year from the date of entry of this order. Lynchburg shall be responsible for the payment of an inspection fee as set forth by the Enforcement Division of the Virginia Department of Health Professions to be paid to the Board within 30 days of receipt of the inspection invoice. Any fee not paid in a timely manner will be sent for collections. In the event that an inspection reveals a possible violation of the laws or regulations pertaining to the practice of pharmacy in Virginia or the Virginia Drug Control Act (Virginia Code §§ 54.1-3400 *et seq.*), the Board may notice Lynchburg to appear for an administrative hearing.

10. Lynchburg shall submit quarterly reports to the Board, which indicate the number of remote verifications performed by pharmacists and of any dispensing errors. The first report shall be due within 60 days from the date of entry of this Consent Order. These reports shall be submitted no later than five days following the end of each quarter in March, June, September, and December, of each year this Consent Order remains in effect.

11. Lynchburg shall measure and maintain a record of the number of remote verifications performed by pharmacists, the number of incident reports arising from dispensing errors, and the average daily patient census. This record shall be maintained for a period of two years.

12. In the event of any reports of significant errors or other problems, or in the event that any inspection reveals a possible violation of the laws or regulations pertaining to the practice of pharmacy in Virginia, or in the event of a failure to comply with any term or condition of this Consent Order, the Board may notice Lynchburg to appear at an administrative proceeding.

13. Lynchburg shall comply with the process indicated in its application for an innovative (pilot) program, "PROOF Remote Verification of Take-Home Doses in Opioid Treatment Program Pharmacies."

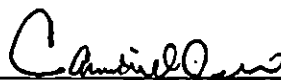
14. Except as specifically waived in this Consent Order, Lynchburg shall maintain compliance with all applicable federal and state laws and regulations.

15. Any operational changes or modifications to the innovative (pilot) program shall be approved by the Board prior to initiation of the modification.

16. To request the renewal of the innovative (pilot) program, an application and current renewal fee per the Regulations must be submitted to the Board no less than 90 days prior to the expiration of this Consent Order.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD



Caroline D. Jurán
Executive Director
Virginia Board of Pharmacy

ENTERED: 9/30/2024

SEEN AND AGREED TO:



NAME, representative for
Lynchburg Treatment Center

COMMONWEALTH OF VIRGINIA
COUNTY/CITY OF Bedford, TO WIT:

Subscribed and sworn to before me, a notary public in and for the Commonwealth of Virginia at large,
on this 19 day of September, 2024.

AMANDA LEE FITZPATRICK
NOTARY PUBLIC-ID 8051224
COMMONWEALTH OF VA
COMMISSION EXPS. 10/31/27


Notary Public

My commission expires:

10/31/27

Registration No.:

8051224

BEFORE THE VIRGINIA BOARD OF PHARMACY

IN RE: RIVERSIDE SHORE MEMORIAL HOSPITAL
Innovative (pilot) Program
Facility Permit Number: 0201-001224
Case Number: 246028

ORDER

JURISDICTION AND PROCEDURAL HISTORY

Pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10), a Special Conference Committee (“Committee”) of the Virginia Board of Pharmacy (“Board”) held an informal conference on March 27, 2025, in Henrico County, Virginia, to receive and act upon Riverside Shore Memorial Hospital’s application for a permit to conduct an innovative (pilot) program i.e., “Use of a Technology-Assisted Workflow System for Remote Validation of Sterile Compounding,” in the Commonwealth of Virginia and to inquire into evidence that grounds exist to deny said application.

Cynthia Williams, Vice President and Chief Pharmacy Officer, and Inga Mintz, Pharmacy Operations Manager, appeared as the representatives of the innovative (pilot) program and were not represented by legal counsel.

Upon consideration of the evidence, the Committee adopts the following Findings of Fact and Conclusions of Law and issues the Order contained herein.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. On February 11, 2025, Riverside Shore Memorial Hospital (“RSMH”), Onancock, Virginia, submitted an application to the Board for approval of an innovative (pilot) program, i.e., “Use of a Technology-Assisted Workflow System for Remote Validation of Sterile Compounding,” to allow RSMH to use a hospital information system, i.e., Epic integrated technology workflow system, for sterile

compounding with final validation by an experienced oncology pharmacist not physically located at RSMH.

2. RSMH is the only acute care facility located on the Virginia Eastern Shore. From July 2024 to April 2025, RSMH experienced a turnover of four of its five pharmacists due to relocation or retirement and has not been able to fill all vacancies with experienced pharmacists despite significant recruitment efforts. The innovative (pilot) program is needed to provide safe oncology infusion to the patient population served by RSMH.

3. RSMH requested a waiver of Virginia Code § 54.1-3410.2(D), which requires that a pharmacist personally perform or personally supervise the compounding process and perform final verification, as further defined in 18 VAC 110-20-10 of the Regulations Governing the Practice of Pharmacy (“Regulations”). RSMH requested a waiver to allow a specially qualified pharmacist to use a technology assisted workflow system to review and validate oncology-related sterile compounding from a location outside of the hospital. Pursuant to this waiver request, a pharmacist will be physically present at the facility as a resource for technology downtime or other support needs.

4. RSMH requested a waiver of 18 VAC 110-20-276(A) of the Regulations, which states, “Centralized or remote processing of prescription does not include dispensing of a drug...” RSMH requested a waiver to allow a specially qualified pharmacist to use a technology assisted workflow system to review and validate oncology-related sterile compounding from a location outside of the hospital. Pursuant to this waiver request, a pharmacist will be physically present at the facility as a resource for technology downtime or other support needs.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Pharmacy hereby ORDERS that the application of Riverside Shore Memorial Hospital (“RSMH”) for a

permit to conduct an innovative (pilot) program, i.e. “Use of a Technology-Assisted Workflow System for Remote Validation of Sterile Compounding,” is APPROVED contingent upon the following terms and conditions:

1. This approval shall be effective for THREE YEARS from the date that this Order is entered by the Board.
2. The requirement of Virginia Code § 54.1-3410.2(D) that a pharmacist personally perform or personally supervise the compounding process and perform final verification, as further defined in 18 VAC 110-20-10 of the Regulations Governing the Practice of Pharmacy (“Regulations”) is waived to allow a specially qualified pharmacist to use a technology assisted workflow system to review and validate oncology-related sterile compounding from a location outside of the hospital. The final picture of the complete labeled product shall be verified by a pharmacist prior to dispensing, and a pharmacist shall be physically present at the facility as a resource for technology downtime or other support needs.
3. The requirements of 18 VAC 110-20-276(A) of the Regulations Governing the Practice of Pharmacy (“Regulations”) are waived to allow a specially qualified pharmacist to use a technology assisted workflow system to review and validate oncology-related sterile compounding from a location outside of the hospital. The final picture of the complete labeled product shall be verified by a pharmacist prior to dispensing, and a pharmacist shall be physically present at the facility as a resource for technology downtime or other support needs.
4. The requirements of Virginia Code § 54.1-3410.2(D) and 18 VAC 110-20-276(A) of the Regulations are not hereby be waived for remote verification of batch compounding.
5. RSMH shall provide biannual reports to the Board that include any near misses or dispensing errors as defined by 18 VAC 110-20-10 of the Regulations attributed to the innovative (pilot)

program. The reports shall be submitted on a biannual basis to the Board by no later than June 30 and December 31 until RSMH is notified, in writing, that the reporting requirement is ended.

6. Except as specifically waived in this Order, Applicant shall comply with all applicable laws and regulations governing the practice of pharmacy in the Commonwealth of Virginia.

7. All records required of this innovative (pilot) program shall be maintained for no less than two years and be available upon inspection or request by the Board.

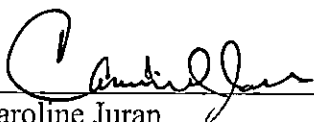
8. Any operational changes or modifications to the innovative (pilot) program shall be approved by the Board prior to initiation of the changes or modifications.

9. Any violation of this Order shall constitute grounds for the rescission of the approval, and an administrative proceeding shall be convened to determine whether the approval shall be rescinded.

10. To request the renewal of the innovative (pilot) program, an application and current renewal fee per the Regulations must be submitted to the Board no less than 90 days prior to the expiration of this Order.

Pursuant to Virginia Code § 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD



Caroline Juran
Executive Director
Virginia Board of Pharmacy

ENTERED AND MAILED ON:
4/14/2025

NOTICE OF RIGHT TO APPEAL

Pursuant to Virginia Code § 54.1-2400(10), Riverside Shore Memorial Hospital may, not later than 5:00 p.m., on May 12, 2025, notify Caroline Juran, Executive Director, Board of Pharmacy, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233, in writing that it desires a formal administrative hearing before the Board. Upon the filing with the Executive Director of a request for the hearing, this Order shall be vacated. This Order shall become final on May 12, 2025, unless a request for a formal administrative hearing is received as described above.

Agenda Topic: Review NOIRA for Periodic Review of Chapters 20 and 21 and Proposed Regulations of Chapter 30

Included in Agenda Packet:

- Summary of regulatory sections from Chapter 20 identified in the Notice of Intended Regulatory Action (NOIRA) resulting from the 2021 periodic review
- Summary of regulatory sections from Chapter 21 identified in the Notice of Intended Regulatory Action (NOIRA) resulting from the 2021 periodic review
- Proposed regulations for Chapter 30 resulting from the 2021 Periodic Review

Actions Needed:

- Motion to recommend to the full board any subjects in the NOIRAs for Chapters 20 and 21 that should be removed because they have either already been addressed and/or should be moved to a new regulatory action, and,
- Motion to recommend to the full board that it proceed with the proposed regulations for Chapter 30 as presented or amended.

Summary of Chapter 20 NOIRA for 2021 Periodic Review

Regulations Governing the Practice of Pharmacy

The Board identified several sections that it would consider for amendments:

- Section 10, amend definition of "personal supervision" to allow audio-visual technology by pharmacist on premises for supervision of compounding in pharmacies
- Section 25, amend the unprofessional conduct section to add language such as:
 - o acting in a manner that causes an individual to feel threatened or intimidated so that such individual is discouraged from reporting a public safety concern in good faith or is discouraged from cooperating with an employee of the Department of Health Professions in the conduct of an investigation or inspection.
 - o failure to provide a working environment for all pharmacy personnel that protects the health, safety, and welfare of a patient including:
 - o sufficient personnel to prevent fatigue, distraction, or other conditions that interfere with a pharmacist's ability to practice with competency and safety or creates an environment that jeopardizes patient care;
 - o appropriate opportunities for uninterrupted rest periods and meal breaks;
 - o adequate time for a pharmacist to complete professional duties and responsibilities including:
 - drug utilization review;
 - immunization;
 - counseling;
 - verification of the accuracy of a prescription
 - o introducing external factors such as productivity or production quotas or other programs to the extent that they interfere with the ability to provide appropriate professional services to the public;
 - o incentivizing or inducing the transfer of a prescription absent professional rationale.
- Section 110, amend to address appropriate opportunities for uninterrupted rest periods and meal breaks which may or may not require the pharmacy to close.
- Section 110, amend to include additional information to be required on a pharmacy permit or nonresident pharmacy registration application and include a requirement to notify board of any changes within timeframe consistent with current laws.
- Section 110, subsection J, amend to require an applicant for a pharmacy permit to report to the Board any prior disciplinary action by a regulatory authority, prior criminal convictions, or ongoing investigations related to the practice of pharmacy
- Section 110, extending timeframe beyond 14 days for notification of a change in the PIC

Summary of Previous Page Comments on Periodic review chapter 20

Page: 2

 Number: 1 Author: Juran, Caroline (DHP) Date: 10/22/2025 6:59:00 PM

Addressed in 18VAC110-20-113 regarding pharmacy working conditions.

"3. Under no circumstances shall a good faith report of staffing concerns by the PIC, pharmacist on duty, or notification of such issues by pharmacy personnel to the PIC, pharmacist on duty, or board result in workplace discipline against the reporting staff member."

 Number: 2 Author: Juran, Caroline (DHP) Date: 10/22/2025 7:29:00 PM

Has since been included in 18VAC110-20-113.

 Number: 3 Author: Juran, Caroline (DHP) Date: 10/22/2025 7:28:00 PM

Is included in a separate action from 2017 under administrative review. Meeting agenda includes discussion regarding whether withdrawal of the 2017 action is appropriate.

 Number: 4 Author: Juran, Caroline (DHP) Date: 10/22/2025 7:31:00 PM

Has since been included in 18VAC110-20-113.

- ¹Section 270, allow a pharmacist to use his professional judgment to alter or adapt a prescription, to change dosage, dosage form or directions, to complete missing information, or to extend a maintenance drug.
- Including a requirement for an e-profile identification number for facilities
- Extending timeframe beyond 14 days for notification of a change in the PIC
- Section 275, subsections B, C, and F, consider including exemption to requirement for returning to initiating pharmacy any prescriptions not delivered to the patient if prohibited under federal law.
- Section 275, amend to include record requirement for an alternate delivery site further delivering the drug to a patient's home.
- Section 290, consider amendment to provision that allows dispensing of a Schedule II drug for up to six months after the date on which the prescription was issued
- Section 550, amend to remove the restriction that a stat-drug box contain no more than 20 solid dosage units per schedule of Schedules II through V drugs
- ²Section 690 to prohibit controlled substance registration from being issued to private dwelling or residence just as there is a current prohibition on such issuance of a pharmacy permit.
- Clarifying expectation regarding administration records, particularly if drug administered by someone other than the pharmacist whose initials are captured on the dispensing record.
- Clarifying that pharmacists and pharmacy technicians may administer CLIA-waived tests.
- Clarifying that pharmacy technicians may independently take medication histories including drug name, dose, and frequency.
- ³Allowing a nationally certified pharmacy technician to electronically transfer a Schedule VI refill prescription that is not an on-hold prescription when authorized by the pharmacist-in-charge.

Summary of previous page comments, Chapter 20

 Number: 1 Author: Juran, Caroline (DHP) Date: 10/22/2025 7:46:00 PM

Partly addressed in 18VAC110-20-320.

"B. A prescription for a drug listed in Schedule VI may be refilled as authorized by the practitioner. If no such authorization is given, the prescription shall not be refilled, except as provided in § 54.1-3410 C or subdivision 4 of § 54.1-3411 of the Code of Virginia. Except for drugs classified by the American Hospital Formulary Service as psychotherapeutic agents, anxiolytics, sedatives, or hypnotics or for drugs of concern as defined in § 54.1-2519 of the Code of Virginia, a pharmacist, using professional judgment and upon request by the patient, may dispense or refill a drug listed in Schedule VI with any quantity, up to the total amount authorized, taking all refills into consideration."

 Number: 2 Author: Juran, Caroline (DHP) Date: 10/22/2025 7:51:00 PM

Is included in a separate action under administrative review.

 Number: 3 Author: Juran, Caroline (DHP) Date: 10/22/2025 7:58:00 PM

Partly addressed in Va. Code 54.1-3321.

"A. No person shall perform the duties of a pharmacy technician without first being registered as a pharmacy technician with the Board. Upon being registered with the Board as a pharmacy technician, the following tasks may be performed:

8. The acceptance of an electronic transfer of a refill for a Schedule VI drug upon order of the pharmacist-in-charge or pharmacist on duty if the refill is not an on-hold prescription;"

Summary of Chapter 21 NOIRA for 2021 Periodic Review

Regulations Governing the Licensure of Pharmacists and Registration of Pharmacy Technicians

In 2022, the Board identified two sections that it would consider for amendments:

- Section 80, to include a prohibition on taking the board-approved integrated pharmacy examination when the candidate fails to pass on five occasions; and to authorize the Board to delegate to the National Association of Boards of Pharmacy the review and granting of testing accommodations 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.
- Section 90 to require Foreign Pharmacy Graduate Equivalency Examination prior to obtaining pharmacist license through endorsement or score transfer.

Proposed Regulations for Chapter 30, 2021 Periodic Review

Regulations for Practitioners of the Healing Arts to Sell Controlled Substances

18VAC110-30-21. Application for facility permit.

A. ~~After June 7, 2016, any~~ Any location at which ~~practitioners~~ a practitioner of the healing arts ~~sell~~ sells controlled substances shall have a permit issued by the board in accordance with § 54.1-3304.1 of the Code of Virginia. A licensed practitioner of the healing arts shall apply for the facility permit on a form provided by the board on which the applicant shall designate the hours of operation the location will be open to service the public.

B. For good cause shown, the board may issue a limited-use facility permit when the scope, degree, or type of services provided to the patient is of a limited nature. The permit to be issued shall be based on conditions of use requested by the applicant or imposed by the board in cases where certain requirements of this chapter may be waived.

1. The limited-use facility permit application shall list the regulatory requirements for which a waiver is requested, if any, and a brief explanation as to why each requirement should not apply to that practice.
2. A policy and procedure manual detailing the type and volume of controlled substances to be sold and safeguards against diversion shall accompany the application.
3. The issuance and continuation of a limited-use facility permit shall be subject to continuing compliance with the conditions set forth by the board.
4. A limited-use facility permit may be issued to a nonprofit facility 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.

C. The executive director may grant a waiver of the security system when storing and selling multiple strengths and formulations of no more than five different topical Schedule VI drugs intended for cosmetic use.

18VAC110-30-55. Change of hours in a permitted facility.

The practitioner designated pursuant to 18VAC110-30-70 shall be responsible for providing notice for a change in the hours of operation, which is expected to last more than one week, to the public and to the board. At least 14 days prior to the anticipated change, notice shall be posted in a conspicuous place to provide notice to the public and provided to the board in writing unless the change is necessitated by emergency circumstances beyond the control of the practitioner, or unless the change will result in an expansion of the current hours of operation. If the facility is not able to post the changes 14 days in advance, the practitioner shall ensure that the board is notified as soon as he knows of the change and disclose the emergency circumstances preventing the required notification.

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 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. No facility permit shall be issued to a private dwelling or residence for the purpose of selling controlled substances.

H. 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.

Agenda Item: Consideration of final regulatory action pending at Governor's office for 7.5 years

Included in your agenda package:

- Final regulatory action approved by the Board in 2017;
- Town Hall action summary page; and
- Agency background document filed by the agency in 2017 in support of the change.

Staff notes: This action moved normally through the NOIRA and proposed stages but stalled at the final stage and has been pending at the Governor's office for 2,710 days as of October 23, 2025. There was some concern during the executive branch review process that this regulation negatively impacted competition. Of note, all regulations and statutes regarding professions limit competition. The determination a state makes in limiting that competition is whether protection of the public justifies the limitation.

Action needed:

- Discussion of whether the action should be withdrawn or left in the Governor's office;
- Recommendation to the full Board to withdraw action if the Committee determines that is the best course of action.

Board of Pharmacy

Prohibition against incentives to transfer prescriptions

18VAC110-20-25. Unprofessional conduct.

The following practices shall constitute unprofessional conduct within the meaning of § 54.1-3316 of the Code of Virginia:

1. Failing to comply with provisions of § 32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of patient records or related to provision of patient records to another practitioner or to the patient or his personal representative;
2. Willfully or negligently breaching the confidentiality of a patient unless otherwise required or permitted by applicable law;
3. Failing to maintain confidentiality of information received from the Prescription Monitoring Program, obtaining such information for reasons other than to assist in determining the validity of a prescription to be filled, or misusing information received from the program;
4. Engaging in disruptive or abusive behavior in a pharmacy or other health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient;
5. Engaging or attempting to engage in a relationship with a patient that constitutes a professional boundary violation in which the practitioner uses his professional position to take advantage of the vulnerability of a patient or his family, including but not limited to sexual misconduct with a patient or a member of his family or other conduct that results or could result in personal gain at the expense of the patient;

6. Failing to maintain adequate safeguards against diversion of controlled substances;
7. Failing to appropriately respond to a known dispensing error in a manner that protects the health and safety of the patient;
8. Delegating a task within the practice of pharmacy to a person who is not adequately trained to perform such a task;
9. Failing by the PIC to ensure that pharmacy interns and pharmacy technicians working in the pharmacy are registered and that such registration is current; ~~or~~
10. Failing to exercise professional judgment in determining whether a prescription meets requirements of law before dispensing; or
11. Advertising or soliciting in a manner that may jeopardize the health, safety, and welfare of a patient, including incentivizing or inducing the transfer of a prescription absent professional rationale by use of coupons, rebates, or similar offerings.



Agency Department of Health Professions

Board Board of Pharmacy

Chapter Regulations Governing the Practice of Pharmacy **[18 VAC 110 - 20]**

Action: Prohibition against incentives to transfer prescriptions

Action 4186

General Information

Action Summary	The new provision would prohibit advertising or soliciting in a manner that may jeopardize the health, safety and welfare of a patient, including incentivizing or inducing a patient to transfer a prescription absent professional rationale by use of coupons, rebates, etc. The action responds to a petition for rulemaking from a Virginia pharmacist who is concerned about medication safety and errors because of incomplete drug profiles and drug utilization reviews.
Chapters Affected	Only affects this chapter.
Executive Branch Review	This action will go through the normal Executive Branch Review process.
RIS Project	Yes [004549]
New Periodic Review	This action will not be used to conduct a new periodic review.

Stages

Stages associated with this regulatory action.

Stage ID	Stage Type	Status
<u>6973</u>	NOIRA	Stage complete. Comment period ended 12/16/2015.
<u>7515</u>	Proposed	Stage complete. Comment period ended 02/10/2017.
<u>7888</u>	Final	Governor's office review in progress.

Contact Information

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townhall.virginia.gov

Final Regulation Agency Background Document

Agency name	Board of Pharmacy, Department of Health Professions
Virginia Administrative Code (VAC) citation(s)	18VAC110-20-10 et seq.
Regulation title(s)	Regulations Governing the Practice of Pharmacy
Action title	Unprofessional conduct to induce or incentivize a patient to transfer prescriptions
Date this document prepared	3/21/17

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 17 (2014) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

Brief summary

Please provide a brief summary of the proposed new regulation, proposed amendments to the existing regulation, or the regulation proposed to be repealed. Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation.

The purpose of the regulatory action is to amend section 25, which sets out the practices that constitute unprofessional conduct and may be grounds for disciplinary action pursuant to § 54.1-3316. The new provision would prohibit advertising or soliciting in a manner that may jeopardize the health, safety and welfare of a patient, including incentivizing or inducing a patient to transfer a prescription absent professional rationale by use of coupons, rebates, etc. The action responds to a petition for rulemaking from a Virginia pharmacist who is concerned about medication safety and errors because of incomplete drug profiles and drug utilization reviews.

Acronyms and Definitions

Please define all acronyms used in the Agency Background Document. Also, please define any technical terms that are used in the document that are not also defined in the "Definition" section of the regulations.

N/A

Statement of final agency action

Please provide a statement of the final action taken by the agency including: 1) the date the action was taken; 2) the name of the agency taking the action; and 3) the title of the regulation.

On March 21, 2017, the Board of Pharmacy adopted amendments to 18VAC110-20-10 et seq., Regulations Governing the Practice of Pharmacy.

Legal basis

Please identify the state and/or federal legal authority to promulgate this proposed regulation, including: 1) the most relevant citations to the Code of Virginia or General Assembly chapter number(s), if applicable; and 2) promulgating entity, i.e., agency, board, or person. Your citation should include a specific provision authorizing the promulgating entity to regulate this specific subject or program, as well as a reference to the agency/board/person's overall regulatory authority.

Regulations are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia. Section 54.1-2400, which provides the Board of Pharmacy the authority to promulgate regulations to administer the regulatory system:

§ 54.1-2400 -General powers and duties of health regulatory boards

The general powers and duties of health regulatory boards shall be:

...

6. *To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ [54.1-100](#) et seq.) and Chapter 25 (§ [54.1-2500](#) et seq.) of this title. ...*

The specific authority of the Board to regulate the practice of pharmacy is found in:

§ 54.1-3307. Specific powers and duties of Board.

A. The Board shall regulate the practice of pharmacy and the manufacturing, dispensing, selling, distributing, processing, compounding, or disposal of drugs and devices. The Board shall also control the character and standard of all drugs, cosmetics and devices within the Commonwealth, investigate all complaints as to the quality and strength of all drugs, cosmetics, and devices and take such action as may be necessary to prevent the manufacturing, dispensing,

selling, distributing, processing, compounding and disposal of such drugs, cosmetics and devices that do not conform to the requirements of law.

The Board's regulations shall include criteria for:

- 1. Maintenance of the quality, quantity, integrity, safety and efficacy of drugs or devices distributed, dispensed or administered.*
- 2. Compliance with the prescriber's instructions regarding the drug, its quantity, quality and directions for use.*
- 3. Controls and safeguards against diversion of drugs or devices.*
- 4. Maintenance of the integrity of, and public confidence in, the profession and improving the delivery of quality pharmaceutical services to the citizens of Virginia.*
- 5. Maintenance of complete records of the nature, quantity or quality of drugs or substances distributed or dispensed, and of all transactions involving controlled substances or drugs or devices so as to provide adequate information to the patient, the practitioner or the Board.*
- 6. Control of factors contributing to abuse of legitimately obtained drugs, devices, or controlled substances.*
- 7. Promotion of scientific or technical advances in the practice of pharmacy and the manufacture and distribution of controlled drugs, devices or substances.*
- 8. Impact on costs to the public and within the health care industry through the modification of mandatory practices and procedures not essential to meeting the criteria set out in subdivisions 1 through 7 of this section.*
- 9. Such other factors as may be relevant to, and consistent with, the public health and safety and the cost of rendering pharmacy services.*

Purpose

Please explain the need for the new or amended regulation. Describe the rationale or justification of the proposed regulatory action. Describe the specific reasons the regulation is essential to protect the health, safety or welfare of citizens. Discuss the goals of the proposal and the problems the proposal is intended to solve.

In 2012, the U. S. Department of Justice resolved allegations against Walgreens Pharmacy with a \$7.9 million payment because the chain offered beneficiaries of government health care programs (Medicare, Medicaid, TRICARE, etc.) inducements that are prohibited by law to transfer prescriptions to Walgreen pharmacies. Quotes from federal law enforcement illustrate the need to enact such a prohibition in Virginia. The U. S. Attorney for the Eastern District of Michigan said, "Continuity with a pharmacist is important to detect problems with dosages and drugs interactions. Patients should make decisions based on legitimate health care needs, not on inducements like gift cards." The Inspector General for the U. S. Department of Health and Human Services, said, "Violating Federal health care laws, as Walgreens allegedly did by offering incentives for new business, cannot be tolerated."

As the Virginia Pharmacists Association stated in its letter of support for a regulatory change, "Transfer coupons and other transfer incentives fragment the medication records of patients which leads to inaccuracies in the medication records and is detrimental to patient care." The Board has determined that there is a need to propose a regulation to protect the health, safety and

welfare of the citizens who count on Virginia pharmacies for accuracy and integrity in filling prescriptions.

Substance

Please briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both.

The proposed regulation would make it unprofessional conduct to offer inducements or incentives, such as coupons or gift cards, for a patient to transfer a prescription, absent any professional rationale for such transfer. Customer rewards or affinity cards that encourage loyalty to a pharmacy would not be considered unprofessional.

Issues

Please identify the issues associated with the proposed regulatory action, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, please indicate.

) The primary advantage to the public is improvement in the continuity of care in delivery of pharmaceutical services. There is a disadvantage for customers who use prescription transfer just as a means of obtaining gift cards and incentives;

2) There are no advantages or disadvantages to the agency; and

3) The Director of the Department of Health Professions has reviewed the proposal and performed a competitive impact analysis. The Board is authorized under 54.1-2400 to “promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system.”

Additionally, the Code of Virginia requires:

The Board's regulations shall include criteria for:

1. Maintenance of the quality, quantity, integrity, safety and efficacy of drugs or devices distributed, dispensed or administered...

4. Maintenance of the integrity of, and public confidence in, the profession and improving the delivery of quality pharmaceutical services to the citizens of Virginia.

As stated in the “Purpose” section of this document, quotes from federal law enforcement illustrate the need to enact such a prohibition in Virginia. The U. S. Attorney for the Eastern District of Michigan said, “Continuity with a pharmacist is important to detect problems with dosages and drugs interactions. Patients should make decisions based on legitimate health care needs, not on inducements like gift cards.” The Inspector General for the U. S. Department of Health and Human Services, said, “Violating Federal health care laws, as Walgreens allegedly did by offering incentives for new business, cannot be tolerated.”

Therefore, the prohibition against use of coupon or other incentives for a patient to transfer a prescription, absent a professional rationale, is a foreseeable result of the statute requiring the Board to protect the safety and efficacy of prescription drugs in the Commonwealth. Any restraint on competition that results from this regulation is in accord with the General Assembly's policy as articulated in § 54.1-100 and is necessary for the preservation of the health, safety, and welfare of the public and will further the public's need for assurances of prescription drug safety.

Requirements more restrictive than federal

Please identify and describe any requirement of the proposal which is more restrictive than applicable federal requirements. Include a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements or no requirements that exceed applicable federal requirements, include a statement to that effect.

In 2012, the U. S. Department of Justice resolved allegations against Walgreens Pharmacy with a \$7.9 million payment because the chain offered beneficiaries of government health care programs (Medicare, Medicaid, TRICARE, etc.) inducements that are prohibited by law to transfer prescriptions to Walgreen pharmacies.

Localities particularly affected

Please identify any locality particularly affected by the proposed regulation. Locality particularly affected means any locality which bears any identified disproportionate material impact which would not be experienced by other localities.

There are no localities particularly affected.

Family impact

Please assess the impact of this regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one's spouse, and one's children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.

There is no impact on the family and family stability.

Changes made since the proposed stage

*Please list all changes that made to the text of the proposed regulation and the rationale for the changes; explain the new requirements and what they mean rather than merely quoting the proposed text of the regulation. *Please put an asterisk next to any substantive changes.*

There are no changes since the proposed stage.

Public comment

Please summarize all comments received during the public comment period following the publication of the proposed stage, and provide the agency response. If no comment was received, please so indicate. Please distinguish between comments received on Town Hall versus those made in a public hearing or submitted directly to the agency or board.

Commenter	Comment	Agency response
Robert Sedaker	There should be no prohibition of Pharmacy incentives to switch pharmacies. There is no causal effect of such practice leading to mistakes by pharmacies.	The Board has promulgated the regulation in order to detect problems with dosages and drugs interactions to protect patients, not to avoid mistakes made by pharmacists.

All changes made in this regulatory action

Please list all changes that are being proposed and the consequences of the proposed changes. Describe new provisions and/or all changes to existing sections. Explain the new requirements and what they mean rather than merely quoting the proposed text of the regulation

Current section number	Current requirement	Proposed change, intent, and likely impact of proposed requirements
25	Sets out the practices that would constitute unprofessional conduct within the meaning of 54.1-3316 and authorize disciplinary action by the Board.	The section is amended to add to unprofessional conduct practices: <i>Advertising or soliciting in a manner that may jeopardize the health, safety and welfare of a patient, including incentivizing or inducing the transfer a prescription absent professional rationale by use of coupons, rebates, or similar offerings.</i> The Board has determined that the practice of incentivizing patients to transfer prescription is potentially dangerous and may lead to medication errors, unnecessary proliferation of antibiotics or other drugs, and drug interactions. In its statutory responsibility to protect the efficacy and safety of prescription drugs, the Board has acted to prohibit the practice.

Agenda Topic: Review Restrictions regarding Access to Certain Areas through Prescription Department in 18VAC110-20-150

Staff Note: Staff occasionally receive requests to waive the access restrictions in 18VAC110-20-150(B), and the regulation does not appear to accommodate common layouts of hospital or long-term care pharmacies.

18VAC110-20-150 (B) states “A rest room may be in the prescription department, used exclusively by pharmacists and personnel assisting with dispensing functions, provided there is another rest room outside the prescription department available to other employees and the public. This subsection shall not apply to prescription departments in existence prior to November 4, 1993.”

18VAC110-20-150 (B) states “Access to stock rooms, rest rooms, and other areas other than an office that is exclusively used by the pharmacist shall not be through the prescription department.”

Action Needed: Motion to recommend to full board to adopt notice of intended regulatory action to amend 18VAC110-20-150 if committee determines that is the best course of action.

Agenda Topic: Consider Requirement of Returning Dispensed Drug to Initiating Pharmacy in 18VAC110-20-275

Staff Note: Staff occasionally hears from alternate delivery sites that the initiating pharmacy will not allow the alternate delivery site to return dispensed drugs to the pharmacy when they have not been delivered to the patient which appears to violate 18VAC110-20-275. Staff members are requesting guidance from the board as to whether this requirement should remain in place or if the regulation should be amended to delete the requirement or create exceptions.

Action Needed:

- Motion to recommend to the full Board that 18VAC110-20-275 remain as written, or
- Motion to recommend to the full Board that 18VAC110-20-275 be amended to either delete the requirement for a policy and procedure manual that includes the procedure and recordkeeping for returning to the initiating pharmacy any prescriptions that are not delivered to the patient or create exceptions.

18VAC110-20-275. Delivery of dispensed prescriptions.

A. Pursuant to § [54.1-3420.2](#) B of the Code of Virginia, in addition to direct hand delivery to a patient or patient's agent or delivery to a patient's residence, a pharmacy may deliver a dispensed prescription drug order for Schedule VI controlled substances to another pharmacy, to a practitioner of the healing arts licensed to practice pharmacy or to sell controlled substances, or to an authorized person or entity holding a controlled substances registration issued for this purpose in compliance with this section and any other applicable state or federal law. Prescription drug orders for Schedule II through Schedule V controlled substances may not be delivered to an alternate delivery location unless such delivery is authorized by federal law and regulations of the board.

B. Delivery to another pharmacy.

1. One pharmacy may fill prescriptions and deliver the prescriptions to a second pharmacy for patient pickup or direct delivery to the patient provided the two pharmacies have the same owner, or have a written contract or agreement specifying the services to be provided by each pharmacy, the responsibilities of each pharmacy, and the manner in which each pharmacy will comply with all applicable federal and state law.

2. Each pharmacy using such a drug delivery system shall maintain and comply with all procedures in a current policy and procedure manual that includes the following information:

- a. A description of how each pharmacy will comply with all applicable federal and state law;
- b. The procedure for maintaining required, retrievable dispensing records to include which pharmacy maintains the hard-copy prescription, which pharmacy maintains the active prescription record for refilling purposes, how each pharmacy will access prescription information necessary to carry out its assigned responsibilities, method of recordkeeping for identifying the pharmacist responsible for dispensing the prescription and counseling the patient, and how and where this information can be accessed upon request by the board;
- c. The procedure for tracking the prescription during each stage of the filling, dispensing, and delivery process;
- d. The procedure for identifying on the prescription label all pharmacies involved in filling and dispensing the prescription;
- e. The policy and procedure for providing adequate security to protect the confidentiality and integrity of patient information;
- f. The policy and procedure for ensuring accuracy and accountability in the delivery process;
- g. The procedure and recordkeeping for returning to the initiating pharmacy any prescriptions that are not delivered to the patient; and
- h. The procedure for informing the patient and obtaining consent for using such a dispensing and delivery process.

3. Drugs waiting to be picked up at or delivered from the second pharmacy shall be stored in accordance with subsection A of [18VAC110-20-200](#).

C. Delivery to a practitioner of the healing arts licensed by the board to practice pharmacy or to sell controlled substances or other authorized person or entity holding a controlled substances registration authorized for this purpose.

1. A prescription may be delivered by a pharmacy to the office of such a practitioner or other authorized person provided there is a written contract or agreement between the two parties describing the procedures for such a delivery system and the responsibilities of each party.

2. Each pharmacy using this delivery system shall maintain a policy and procedure manual that includes the following information:

a. Procedure for tracking and assuring security, accountability, integrity, and accuracy of delivery for the dispensed prescription from the time it leaves the pharmacy until it is handed to the patient or agent of the patient;

b. Procedure for providing counseling;

c. Procedure and recordkeeping for return of any prescription medications not delivered to the patient;

d. The procedure for assuring confidentiality of patient information; and

e. The procedure for informing the patient and obtaining consent for using such a delivery process.

3. Prescriptions waiting to be picked up by a patient at the alternate site shall be stored in a lockable room or lockable cabinet, cart, or other device that cannot be easily moved and that shall be locked at all times when not in use. Access shall be restricted to the licensed practitioner of the healing arts or the responsible party listed on the application for the controlled substances registration, or either person's designee.

D. The contracts or agreements and the policy and procedure manuals required by this section for alternate delivery shall be maintained both at the originating pharmacy as well as the alternate delivery site.

E. A controlled substances registration as an alternate delivery site shall only be issued to an entity without a prescriber or pharmacist present at all times the site is open if there is a valid patient health or safety reason not to deliver dispensed prescriptions directly to the patient and if compliance with all requirements for security, policies, and procedures can be reasonably assured.

F. The pharmacy and alternate delivery site shall be exempt from compliance with subsections B through E of this section if (i) the alternate delivery site is a pharmacy, a practitioner of healing arts licensed by the board to practice pharmacy or sell controlled substances, or other entity holding a controlled substances registration for the purpose of delivering controlled substances; (ii) the alternate delivery site does not routinely receive deliveries from the pharmacy; and (iii) compliance with subsections B through E of this section would create a delay in delivery that may result in potential patient harm. However, the pharmacy and alternate delivery site shall comply with following requirements:

1. To ensure appropriate coordination of patient care, the pharmacy shall notify the alternate delivery site of the anticipated arrival date of the shipment, the exact address to where the drug was shipped, the name of the patient for whom the drug was dispensed, and any special storage requirements.

2. The pharmacy shall provide counseling or ensure a process is in place for the patient to receive counseling.

3. Prescriptions delivered to the alternate delivery site shall be stored in a lockable room or lockable cabinet, cart, or other device that cannot be easily moved and that shall be locked at all times when not in use. Access shall be restricted to the licensed prescriber, pharmacist, or either person's designee.

4. The pharmacy shall provide a procedure for the return of any prescription drugs not delivered or subsequently administered to the patient.

G. A pharmacy shall not deliver dispensed drugs to a patient's residence that are intended to be subsequently transported by the patient or patient's agent to a hospital, medical clinic, prescriber's office, or pharmacy for administration and that require special storage, reconstitution or compounding prior to administration. An exception to this requirement may be made for patients with inherited bleeding disorders who may require therapy to prevent or treat bleeding episodes.

Agenda Topic: Consider Requiring UMPJE for Licensure Instead of State-Specific MPJE

Included in Agenda Packet:

- Uniform Multistate Pharmacy Jurisprudence Content Outline
- Information from NABP's website regarding UMPJE
- Regulation 18VAC110-21-80

Possible Actions:

- Discuss if Board should begin requiring the passing of the UMPJE in 2026 in lieu of the state-specific MPJE and if the state should also require completion of a "plus module" regarding state-specific requirements or determine if any additional information is needed to inform decision-making.
- Motion to recommend to the full board that it begin requiring the passing of the UMPJE with or without the completion of a "plus module" regarding state-specific requirements in 2026 in lieu of the state-specific MPJE.
- Motion to recommend to the full board that it not accept the UMPJE and continue requiring the passing of the state-specific MPJE.



Uniform Multistate Pharmacy Jurisprudence Content Outline

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Overview

The Uniform Multistate Pharmacy Jurisprudence Examination® (Uniform MPJE®) is administered by the National Association of Boards of Pharmacy® (NABP®) and is designed to assess both state and federal pharmacy laws. The Uniform MPJE is taken by recent college of pharmacy graduates shortly after they receive their degree. The exam is also taken by licensed pharmacists who want to practice in other jurisdictions and pharmacists who are FPGEC certified.

The Uniform MPJE Content Outline is used to develop the Uniform MPJE by identifying all content areas that will be addressed on the Uniform MPJE and the approximate number of questions on the Uniform MPJE that will be asked in each major content area (content domain). Stakeholders (eg, prospective examinees, schools of pharmacy, state boards of pharmacy, and the public) may use this outline to better understand how the Uniform MPJE is developed and the content areas that the Uniform MPJE assesses.

Content Outline Development

The draft of the Uniform MPJE Content Outline was developed by a diverse panel of practicing pharmacists who conducted a comprehensive analysis of entry-level pharmacy practice. The panel identified the tasks that are performed by an entry-level pharmacist. The panel then identified the knowledge, skills, and abilities that correspond to the application of state and federal laws and regulations. Next, the panel organized the KSAs corresponding to laws and regulations into content domains, subdomains, and in some

instances, third levels falling within subdomain areas. A sample of practicing pharmacists who were licensed in one or more jurisdictions were then invited to complete an online survey designed to collect feedback on the content outline draft. A total of 2,978 pharmacists completed the survey by rating the relevance of each content area and providing open-ended feedback on each content domain.

The panel used the survey results to make final revisions to the content outline and to establish content domain weights (ie, the percentage of exam questions that are scored and associated with each content domain).

Content Domains

The content areas on the Uniform MPJE Content Outline are organized into four major content domains. Within each content domain are content subdomains and third-level sub-sub domains (where applicable). The full detailed content outline can be found beginning on page four.

Each exam question must be classified to a specific area on the content outline to be included on the Uniform MPJE. The four content domains are listed in the table below.

Uniform MPJE Content Domains
1. Pharmacy and Pharmacist Practice
2. Medication Use Process (Prescribing, Transcribing and Documenting, Dispensing, Administering, and Monitoring)
3. Regulatory Authority and Legal Obligations
4. Pharmacy Operations

Exam Development

NABP conducts a rigorous process to develop exam questions that are classified to an area on the content outline. To begin, a group of question writers is recruited from diverse pharmacy practice settings and trained on question writing best practices. Each question writer is then assigned to write questions for specific areas on the content outline. Question writers must also provide a reference that validates the correct answer choice for each question. Next, the Uniform MPJE Review Committee (URC) reviews, makes revisions where necessary, and approves each question for testing. Prior to testing, an NABP staff review is conducted to ensure adherence to NABP style. Each question that is tested and meets acceptable psychometric criteria is then made eligible for selection on Uniform MPJE exams and inserted into the Uniform MPJE question pool. Questions in the Uniform MPJE question pool are consistently monitored for accuracy.

Sample Questions

The following sample questions demonstrate how questions are classified to the Uniform MPJE Content Outline.

A pharmacist receives a patient-specific prescription for a compounded medication on the FDA drug shortage list. The pharmacist must:

- A. compound the prescription using FDA-approved products.
- B. dispense a commercially available product.
- C. refuse to compound the prescription.

Correct Answer: A

Classification: 1.E

Domain (1): Pharmacy and Pharmacist Practice

Subdomain (E): USP standards on compounding and hazardous materials (eg, beyond-use dating, competency training, environmental testing, record keeping)

A pharmacist receives a call from their child's school and must leave abruptly. The pharmacy:

- A. is allowed to remain open only for the dispensing of prescriptions already verified by the pharmacist.
- B. may permit dispensing and counseling under the supervision of a certified pharmacy technician.
- C. must remain closed until the pharmacist on the next shift arrives.

Correct Answer: C

Classification: 4.C

Domain (3): Pharmacy Operations

Subdomain (C): Access, storage, handling, and security

Content Domain Weights

The table below provides the exam weights (percentage of scored exam questions associated with each content domain) for the Uniform MPJE. These percentages represent the approximate number of 100 scored questions associated with each content domain that can be expected on the Uniform MPJE.

Content Domain	Exam Weight (Approximate Number of Questions)
1. Pharmacy and Pharmacist Practice	30% (30 questions)
2. Medication Use Process (Prescribing, Transcribing and Documenting, Dispensing, Administering, and Monitoring)	30% (30 questions)
3. Regulatory Authority and Legal Obligations	20% (20 questions)
4. Pharmacy Operations	20% (20 questions)

Detailed Uniform MPJE Content Outline

Domain 1. Pharmacy and Pharmacist Practice

- A. Practice of pharmacy definition (eg, scope of authority, scope of practice, collaborative practice agreements and other delegative authorities, limitations or restrictions on practice)
- B. Non-pharmacist personnel (eg, supervision, scope, licensure, counseling)
- C. Adulterated or misbranded medications (eg, medication recalls, expiration dates, counterfeit medications, emergency use authorizations, importation, Drug Supply Chain Security Act (DSCSA))
- D. Federal regulatory standards (eg, National Institute for Occupational Safety and Health (NIOSH), Occupational Safety and Health Administration (OSHA), essential copies of commercial products, patient-specific prescription requirements, anticipatory compounding)
- E. United States Pharmacopeia (USP) standards on compounding and hazardous materials (eg, beyond-use dating, competency training, environmental testing, record keeping)
- F. Security of patient health information

Domain 2. Medication Use Process (Prescribing, Transcribing and Documenting, Dispensing, Administering, and Monitoring)

- A. Requirements for issuing prescriptions and medication orders, including controlled substances
 - 1. Validity of a prescription (eg, authority, content, corresponding responsibility)
 - 2. Changes to a prescription
 - 3. Emergency prescriptions and emergency refills
- B. Dispensing medications, including controlled substances
 - 1. Pharmacy and manufacturer labeling, including over-the-counter medications and patient education
 - 2. Drug utilization review
 - 3. Fills, refills, and partial fills
 - 4. Packaging and repackaging
 - 5. Counseling
 - 6. Transfers
 - 7. Prescription drug monitoring program (PDMP) requirements
 - 8. Recalls, returns, and reuse
 - 9. Drug product selection (eg, substitutions, interchangeability)
- C. Administration of medications, including adverse event reporting

Domain 3. Regulatory Authority and Legal Obligations

- A. Role of regulatory authorities, including authority, inspections, and discipline
 - 1. Federal (eg, Food and Drug Administration (FDA), Drug Enforcement Administration (DEA), US Department of Health and Human Services (HHS))
 - 2. State (eg, board of pharmacy, department of health)
- B. Controlled substances
 - 1. Inventory
 - 2. Record keeping
 - 3. Order forms and ordering
 - 4. DEA registration and power of attorney
 - 5. Theft and loss
 - 6. Disposal
- C. Liability and malpractice

Domain 4. Pharmacy Operations

- A. Licensures, registrations, and certifications
- B. Pharmacy technology, including record keeping and automation (eg, e-prescribing, faxing, shared services)
- C. Access, storage, handling, and security

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Introducing the Uniform Version of the MPJE

Jasmina Bjegovic, PharmD, NABP Competency Assessment Director and Elizabeth Ferro, PharmD, NABP Competency Assessment Senior Manager | 04-16-25
[Pharmacy Exams](#)



At NABP, we offer pharmacist examinations like the North American Pharmacist Licensure Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination (MPJE) to assess a pharmacist’s competency to practice while protecting the public health. In our last blog post, we discussed the development and the recent improvements that have been made to the MPJE and its purpose: to evaluate candidates’ understanding and application of federal and state-specific laws and regulations.

In [recent years](#), especially as telehealth has become a prevalent method to treat patients and certain parts of the country are experiencing a [shortage of pharmacists](#), pharmacists have needed to adapt to practice in multiple states and jurisdictions, requiring them to obtain licensure in multiple jurisdictions and pass the MPJE in each. To address this issue and help the boards of pharmacy further streamline licensure, we are developing a uniform version of the MPJE as an additional tool that boards can leverage to assess candidates’ knowledge of pharmacy law.

Development of the Uniform MPJE

The development of the Uniform MPJE™ started at the 118th NABP Annual Meeting in 2022 when our members [passed a resolution](#) to develop a national standardized pharmacy jurisprudence examination, which formally addressed the need for a new examination that could better assess the legal knowledge of pharmacists across state lines. A year after this resolution passed, a steering committee convened to explore the feasibility of the standardized exam and determine how it could be implemented to meet the diverse needs of the boards of pharmacy. The [committee decided](#) that the uniform version of the MPJE will focus on assessing knowledge of pharmacy laws and regulations that are applicable across participating jurisdictions.

In October 2024, a Practice Analysis was conducted which included the newly formed Uniform MPJE Review Committee. As part of the Practice Analysis process, a [content outline](#) was drafted which will culminate into the exam’s blueprint. A survey was then administered to a representative sample of practicing pharmacists currently licensed in multiple jurisdictions as well as pharmacy law educators to collect feedback on the drafted outline. The survey was administered to thousands of practicing pharmacists to validate that the content outline assesses core legal principles that all pharmacists must know, regardless of which state they practice in.

Uniform MPJE Launches Spring 2026

The uniform version of the MPJE is expected to launch in June 2026. The development process will remain responsive to the evolving needs of the pharmacy community. We will maintain an open dialogue with boards of pharmacy throughout the development process, ensuring that the exam meets their needs.

An Item Development Workshop was held in April 2025, where dedicated volunteers from all areas of pharmacy practice and law, as well as faculty from colleges of pharmacy refined the exam content. Following the Item Development Workshop, the Uniform MPJE Review Committee will meet in August 2025 to evaluate the exam content developed at the Item Development Workshop.

The Uniform MPJE Will Be Offered Alongside the Existing MPJE

The current MPJE will remain a valuable, state-specific exam. State boards of pharmacy will continue to have the option to use the state-specific MPJE as a critical component of the licensure process. The Uniform MPJE will provide states with an alternative option to fit their needs. The Uniform MPJE will also act as a resource for states that have a desire to allow practice in multiple participating jurisdictions.

Pharmacists who pass the Uniform MPJE will still be held responsible for adhering to state-specific laws, even if they are not addressed on the exam. State boards, of course, retain the authority to grant licensure and enact rules for compliance with their regulations.

Why the Uniform MPJE?

In addition to offering flexibility to boards of pharmacy, the new version of the exam will be helpful for pharmacists seeking licensure in participating jurisdictions. The Uniform MPJE is a unique tool that will address the need to allow practice in multiple participating jurisdictions. Students and pharmacists seeking licensure in multiple states must currently sit for and pass each state's specific law exam. In 2026, graduates and pharmacists seeking licensure in states that adopt the Uniform MPJE will only be required to take and pass one law exam, reducing the overall cost, regulatory burden, and time to licensure. Keep an eye out for future blog posts and check the MPJE page on our website to stay up to date on information as it's released.

Read about the MPJE in [Part 1 of this blog post](#).

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

A. Prior to admission to any examination required for licensure, the applicant shall have met all other requirements to include education and practical experience requirements, but in no case shall the applicant be admitted if grounds exist to deny licensure under § [54.1-3316](#) of the Code of Virginia.

B. The applicant shall achieve a passing score as determined by the board on the licensure examination that is approved by the board and that shall consist of an integrated examination of pharmacy practice, pharmacology, pharmacy mathematics, and such other subjects as are necessary to assure that the candidate possesses the necessary knowledge and skills to practice pharmacy.

C. When an applicant for licensure by examination fails to meet the passing requirements of the board-approved integrated pharmacy examination on three occasions, the applicant shall not be readmitted to the examination until he has completed an additional 1,000 hours of practical experience as a pharmacy intern as set forth in [18VAC110-21-60](#).

D. The applicant shall also achieve a passing score as determined by the board on an examination that tests the candidate's knowledge of federal and state laws related to pharmacy practice. If an applicant has not subsequently been issued a license by any jurisdiction in the United States within three years of achieving a passing score, the applicant shall retake the examination in order to be licensed in Virginia.

E. When an applicant fails to pass the law examination, the applicant shall not be allowed to retake it for a period of 30 days.

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.

Agenda Topic: Consider Amending 18VAC110-21-80 to Allow Participation in NABP Exam Eligibility Services and Early Licensure Testing Prior to Graduation

Staff Note:

NABP offers two allowances that the Board and our licensure candidates are unable to participate in due to restrictions in 18VAC110-21-80. First, NABP provides exam eligibility services to confirm eligibility for a candidate to take the NAPLEX and jurisprudence exams for approximately 20 states which reduces administrative burden for the boards. Subsection A of 18VAC110-21-80, however, prohibits a candidate from admission to any examination required for licensure if grounds exist to deny licensure under § [54.1-3316](#) of the Code of Virginia. Amending the regulation to remove the requirement for the Board to determine if grounds exist to deny licensure prior to allowing the candidate to sit for the exam would allow the board to take advantage of NABP's exam eligibility services program. Secondly, NABP has begun allowing students who have completed their didactic educational portion and who are in their last year of school but who have not graduated to sit one time for the NAPLEX and jurisprudence exam. This assists students in obtaining licensure more quickly. Amending the regulation to remove the requirement that all other requirements to include education and practical experience requirements be met prior to admission to the examinations would allow student to test early and expedite issuance of licensure upon graduation.

Included in Agenda Packet:

- Information from NABP's website regarding exam eligibility services and statement from North Carolina Board of Pharmacy website.
- Task Force Report on Expanding Access to NABP Examinations.
- Relevant law and regulation.

Possible Actions:

- Discuss if the Committee wants to participate in the NABP exam eligibility services program and/or allow certain students to sit one time for the NAPLEX and jurisprudence exam prior to graduation or determine if additional information is needed for decision making.
- If Committee wants to participate in both allowances, motion to recommend to the full board that it adopt a NOIRA to amend 18VAC110-21-80.

From NABP's website:

We develop examinations that assist boards of pharmacy in assessing the pharmacy practice knowledge of entry-level and experienced pharmacists. Exams provide a standardized, reliable measure of an individual's competency to practice pharmacy safely and effectively. Through these services, members can make more informed licensure decisions by ensuring that pharmacy professionals meet practice competency standards while streamlining the licensure process.

Examination Eligibility Process

For some jurisdictions, we confirm candidates' eligibility to take an exam. Alleviating the administrative burden of the boards, NABP validates transcripts to ensure they meet state requirements.



Candidate applies for NAPLEX or MPJE in e-Profile.



Candidate submits eligibility fee with exam application.



NABP verifies the candidate's transcripts and reviews NABP Clearinghouse for actions.



NABP confirms or denies eligibility to take the NAPLEX/MPJE.

Statement from North Carolina Board of Pharmacy website:

NABP determines eligibility to sit for the licensure exams in North Carolina. Please contact NABP directly for their most current fee schedule. The Board of Pharmacy determines eligibility for licensure upon a candidate's successful completion of the exams and review of a complete application for licensure.

More info at:

<https://nabp.pharmacy/members/programs-services/licensure/exam-eligibility/>

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

A. Prior to admission to any examination required for licensure, the applicant shall have met all other requirements to include education and practical experience requirements, but in no case shall the applicant be admitted if grounds exist to deny licensure under § [54.1-3316](#) of the Code of Virginia.

B. The applicant shall achieve a passing score as determined by the board on the licensure examination that is approved by the board and that shall consist of an integrated examination of pharmacy practice, pharmacology, pharmacy mathematics, and such other subjects as are necessary to assure that the candidate possesses the necessary knowledge and skills to practice pharmacy.

C. When an applicant for licensure by examination fails to meet the passing requirements of the board-approved integrated pharmacy examination on three occasions, the applicant shall not be readmitted to the examination until he has completed an additional 1,000 hours of practical experience as a pharmacy intern as set forth in [18VAC110-21-60](#).

D. The applicant shall also achieve a passing score as determined by the board on an examination that tests the candidate's knowledge of federal and state laws related to pharmacy practice. If an applicant has not subsequently been issued a license by any jurisdiction in the United States within three years of achieving a passing score, the applicant shall retake the examination in order to be licensed in Virginia.

E. When an applicant fails to pass the law examination, the applicant shall not be allowed to retake it for a period of 30 days.

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.

§ 54.1-3316. Refusal; revocation; suspension and denial.

The Board **may** refuse to admit an applicant to any examination; refuse to issue a license, permit, certificate, or registration to any applicant; or reprimand, impose a monetary penalty, place on probation, impose such terms as it may designate, suspend for a stated period of time or indefinitely, or revoke any license, permit, certificate, or registration if it finds that an applicant or a person holding a license, permit, certificate, or registration:

1. Has been negligent in the practice of pharmacy or in any activity requiring a license, permit, certificate, or registration from the Board;
2. Has engaged in unprofessional conduct specified in regulations promulgated by the Board;
3. Has become incompetent to practice pharmacy or to engage in any activity requiring a license, permit, certificate, or registration from the Board because of a mental or physical condition;
4. Uses drugs or alcohol to the extent that he is rendered unsafe to practice pharmacy or to engage in any activity requiring a license, permit, certificate, or registration from the Board;
5. Has engaged in or attempted any fraud or deceit in connection with the practice of pharmacy or any activity requiring a license, permit, certificate, or registration from the Board, including any application to the Board for such license, permit, certificate, or registration;
6. Has engaged in activities beyond the scope of a license, permit, certificate, or registration or has assisted or allowed unlicensed persons to engage in the practice of pharmacy or perform duties related to the practice of pharmacy for which a license or registration is required;
7. Has violated or cooperated with others in violating any provisions of law or regulation relating to practice of pharmacy or any activity requiring a license, permit, certificate, or registration from the Board;
8. Has had revoked or suspended any registration issued by the United States Drug Enforcement Administration or other federal agency that is necessary to conduct an activity also requiring a license, permit, certificate, or registration from the Board;
9. Has engaged in the theft or diversion of controlled substances or has violated any federal drug law or any drug law of Virginia or of another state;
10. Has had denied, suspended, or revoked in any other state a license to practice pharmacy or any license, permit, certificate, or registration necessary to conduct an activity requiring a license, permit, certificate, or registration from the Board, or has surrendered in another state such license, permit, certificate, or registration;

11. Has been convicted of any felony or of any misdemeanor involving moral turpitude;
12. Has issued or published statements intended to deceive or defraud about his professional service or an activity requiring a license, permit, certificate, or registration from the Board;
13. Has conducted his practice, or activity requiring a license, permit, certificate, or registration from the Board in such a manner as to be a danger to the health and welfare of the public; or
14. Has failed to comply with requirements of this chapter or any regulation of the Board relating to continuing education.

Report of the Task Force to

**ASSESS EXPANDING ACCESS
TO NABP COMPETENCE ASSESSMENT
EXAMINATIONS**

Report of the Task Force to Assess Expanding Access to NABP Competence Assessment Examinations

Members Present

Mark Hardy (ND), *chair*; Jonathan Beattie (WY); Richard Breeden (TN); Mark Bunton (IN); Mike Burleson (KY); Richard Geaney (MA); Shauna Gerwing (SK); Caroline Juran (VA); John Kirtley (AR); Cristina Medina (FL); John Weitekamp (WI).

Others Present

Kam Gandhi, *Executive Committee liaison*; Lemrey “Al” Carter, Melissa Becker, Andrew Funk, Eileen Lewalski, Neal Watson, Elizabeth Ferro, Linda Johnson, Gertrude “Gg” Levine, Maureen Schanck, *NABP staff*.

Introduction

The task force met on August 27-28, 2024, at NABP Headquarters in Mount Prospect, IL. This task force was established pursuant to Resolution 120-2-24, Task Force to Assess Expanding Access to NABP Competency Assessment Examinations, which the NABP membership passed at the 120th NABP Annual Meeting in May 2024.

Review of the Task Force Charge

Charge of the task force:

1. Examine feasible options for NABP and state boards of pharmacy to expand access to NABP competency examination administration processes, such as
 - a. Providing more testing center choices;
 - b. Enhancing communication between schools and colleges of pharmacy and NABP to alleviate delays in the posting of graduate transcripts; and
 - c. Allowing candidates to take the North American Pharmacist Licensure Examination (NAPLEX) and/or Multistate Pharmacy Jurisprudence Examination (MPJE) prior to anticipated graduation.
2. Amend, if necessary, the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)* accordingly.

Background and Discussion

The discussion began with a review of the task force charge and the recognition that the task force was established pursuant to Resolution 120-2-24, Task Force to Assess Expanding Access to NABP Competency Assessment Examinations, which was passed at the 120th Annual Meeting in May 2024. The resolution, which is reflected in the task force charge, is based on four premises: 1) the public relies on board of pharmacy licensees to provide critical health care services, 2) boards of pharmacy must protect the public while ensuring a safe and streamlined process for pharmacist licensure, 3) appropriate measures are vital to ensure the integrity of the competency assessment examinations used for pharmacist licensure, and 4) public policy supports scrutiny of the established licensure process to improve it safely.

Exploring the background and the reasoning behind the resolution, task force members and NABP staff recounted recent changes in testing trends and requirements. For example, in 2020, to improve exam integrity, NABP began requiring schools and colleges of pharmacy to submit official transcripts for students who apply for the NAPLEX or MPJE in order to receive their Authorization to Test (ATT). Members discussed how this requirement could delay students in scheduling their examinations. It was noted that waiting for pharmacy school registrars to send the required transcripts, especially if not transmitted via the NABP e-Profile Connect system, can introduce additional delays.

When asked about concerns over the unavailability of testing appointments, staff first explained that NABP utilizes testing services provider, Pearson VUE, to administer examinations, selecting this vendor over its competitor for its superior security measures. During the COVID-19 pandemic, in an effort to accommodate lockdown and other requirements, Pearson VUE and NABP worked together to open additional testing sites, mostly on academic campuses, to accommodate NABP candidates; however, a number of the new sites lacked the same degree of security as the primary sites. These sites are no longer in use.

Regarding other challenges, the task force noted that some jurisdictions, like South Dakota, have only one testing center and cannot accommodate all students attempting to schedule examinations during peak times immediately upon graduation. Members pointed out that competition for testing appointments is especially high when candidates must compete with other professions requiring examinations for licensure. Task force members observed that students struggle to study for and schedule appointments for both the NAPLEX and MPJE, take both exams, and begin working, all within a short period of time.

Staff reported that NABP continues to work proactively with Pearson VUE to address capacity issues. Candidates can schedule NAPLEX and MPJE examinations at over 380 Pearson VUE testing centers in the United States and its territories. They can also schedule the MPJE on select military campuses. Candidates can schedule or cancel examination appointments at any time at no charge. In addition, NABP offers best practices to candidates for scheduling and has updated the NABP website to create educational blogs and other communication tools like the *NAPLEX/MPJE Candidate Application Bulletin* in a digital, downloadable format. Staff also reported that, in general,

candidates are able to schedule testing appointments without issue unless they are seeking a specific day/time or testing center. Another factor staff noted that may impact scheduling is increased requests for special accommodations pursuant to the Americans with Disabilities Act (ADA). Some accommodations require 12-hour testing slots, which reduces the number of available testing opportunities, causing some candidates to delay testing or opt out of ADA accommodations.

The task force focused its attention primarily on the MPJE, which is required by 46 states and is taken by recent college of pharmacy graduates shortly after they receive their conferred degree, as well as by licensed pharmacists who want to practice in other jurisdictions and pharmacists who are certified by the Foreign Pharmacy Graduate Examination Committee. The task force also discussed which states do not require the MPJE, such as Arkansas, where the board of pharmacy administers and proctors its own jurisprudence examination. Students may take the Arkansas examination after completing the jurisprudence course and prior to degree conferral. Task force members also discussed recent discussions in several states about eliminating the requirement to pass the MPJE in order to lower barriers to licensure. In 2018, Idaho eliminated the requirement, and, in 2022, Vermont did so as well. It was also noted that, in Wisconsin, legislation was recently considered that would have eliminated the requirement.

Pursuant to Resolution 120-2-24, NABP launched a pilot program in July 2024 to address the aforementioned challenges. Staff explained that the pilot involves a collaboration between NABP, the boards of pharmacy, and the deans and several faculty members at the schools of pharmacy in North Dakota and Wisconsin. The pilot enables students from these schools to take their state's MPJE prior to degree conferral – after completing their didactic requirements, including the pharmacy law course, and prior to starting their advanced pharmacy practice experiences (APPEs).

Staff explained that NABP established and followed criteria to verify participation in the pilot using information provided by the schools and colleges of pharmacy. As part of the pilot, NABP must receive rosters and unofficial transcripts from the participating schools indicating the students who have taken and passed all of their didactic curriculum. Students must create an NABP e-Profile account and enter their education information to apply for eligibility to take the MPJE. NABP uses a manual process to verify and upload the temporary transcripts to each student's e-Profile account.

To streamline the process, NABP verifies and grants eligibility for students to take the exam for Wisconsin (along with 13 other jurisdictions outside the pilot). For North Dakota, NABP notifies the board of pharmacy after the education information has been verified to grant eligibility for students in that state to take the examination. Once eligibility is granted, students are notified via an auto-generated email. Students must then purchase an MPJE application, receive an ATT, and schedule the examination. After students complete the examination, results are released to the respective boards of pharmacy. Students participating in the pilot program have one opportunity to take and pass the examination prior to degree conferral. If they fail the examination, they must wait until degree conferral to repeat it. Unlike the MPJE pilot, students must still wait until degree conferral to take the NAPLEX.

Once the pilot is complete, the process will be evaluated to determine, among other things, if it addresses the challenges identified by NABP member boards.

The task force then discussed the implications of expanding the pilot program to additional jurisdictions. Some jurisdictions have laws and rules restricting examination administration prior to a conferred graduation date. Members asked how many states would have to change their laws and rules to accommodate students taking the MPJE prior to the conferred graduation date. NABP agreed to study which states have such limitations in place. The task force observed that nothing in the *Model Act* prohibits early administration of the MPJE, although the *Model Rules* may need to be changed to assist the boards of pharmacy in modifying their rules.

Task force members asked whether there is enough demand to offer the MPJE prior to APPEs to justify states' efforts to change their rules and regulations. NABP and task force members relayed that the idea for the pilot program was met with enthusiasm in several states because, along with creating more testing opportunities and alleviating testing bottlenecks, allowing candidates to take one examination at a time could increase pass rates.

To facilitate expanding the pilot program, the task force recommended that NABP work with the Accreditation Council for Pharmacy Education (ACPE) and the American Association of Colleges of Pharmacy (AACP) so that students are able to take the MPJE earlier in the curriculum. Further, the task force recommended that NABP continue working with schools and colleges of pharmacy to expedite the transcript submission process. The task force also suggested that schools and colleges of pharmacy should require students to create an e-Profile account as part of onboarding new students.

Staff noted that if the decision is made to expand the pilot program, the earliest the expansion could occur is mid-2025. The task force acknowledged that, in 2026, NABP will introduce the uniform MPJE¹, which will open additional examination scheduling opportunities.

The task force also considered whether administering the examination early compromises security in any way. It was noted that while security is always an issue, early administration does not introduce additional concerns because testing attempts are limited.

The task force also deliberated whether allowing early administration of the MPJE would create additional burdens for the boards of pharmacy. Members noted that having NABP verify and grant eligibility (as the Association currently does for 14 jurisdictions) would lessen the burden for the boards but would result in additional fees for the students for eligibility review. Eligibility review is valid for one year and may include the NAPLEX eligibility review if the student is applying up to six months in advance of the testing date.

¹ At the time of the meeting, the uniform MPJE was being referred to as the Uniform Pharmacy Jurisprudence Exam (UPJE).

The task force encouraged NABP to continue working with Pearson VUE in the meantime to improve candidates' ability to schedule appointments to take the examination. Staff reiterated its ongoing efforts to ensure adequate testing sites and to allow expedited testing in some situations. The task force and staff acknowledged that there is additional demand for testing appointments in May, June, and July and that there may always be higher-than-average competition for appointments to test during this time.

Staff noted that the use of NABP's Managed Student Transcript (MST) system within the NABP e-Profile Connect system by schools and colleges of pharmacy to upload transcripts is more efficient, quicker, and requires fewer resources than submitting the transcripts via email or US Postal Service. Approximately 91 schools are using MST in 2024. This number varies from year to year based on whether schools can receive transcripts from the registrar's office in a timely manner. The task force suggested that NABP require schools to use the MST to help streamline the examination eligibility application process.

Recommendations

After careful review and deliberation, the task force made the following recommendations:

1. NABP should require schools and colleges of pharmacy to use NABP's MST system to upload transcripts.
2. NABP should evaluate working with ACPE and AACP to allow students to take the MPJE or uniform MPJE, if allowed by the state, after successfully completing the jurisprudence class and prior to or during APPEs.
3. NABP should continue collaborating with schools and colleges of pharmacy to expedite the examination eligibility application process before degree conferral.
4. NABP should encourage the boards of pharmacy to review their statutes/laws and rules/regulations to evaluate whether they allow students to take the MPJE or uniform MPJE prior to degree conferral.
5. NABP should continue working with the current test center vendor to improve candidates' ability to secure testing appointments.
6. NABP should amend the *Model Act* as denoted by underlines in the following excerpt.

National Association of Boards of Pharmacy Model State Pharmacy Act

...

Article III Licensing

...

Section 302. Qualifications for Pharmacist Licensure by Examination.

- (1) To obtain a license to engage in the practice of pharmacy, an applicant for licensure by examination shall:
 - (a) have submitted an application in the form prescribed by the board of pharmacy;
 - (b) have attained the age of 18 years;
 - (c) have graduated and received the first professional degree from a college or school of pharmacy that has been approved by the board of pharmacy;² or have graduated from a foreign college of pharmacy,³ completed a transcript verification program, taken and passed a college of pharmacy equivalency examination program, and completed a process of communication-ability testing as defined under board of pharmacy regulations so that it is ensured that the applicant meets standards necessary to protect public health and safety;⁴
 - (d) have completed a pharmacy practice experience program or other program that has been approved by the board of pharmacy, or demonstrated to the board's

² It is contemplated that boards will approve those programs whose standards are at least equivalent to the ACPE Standards of Accreditation for Doctor of Pharmacy Degree Programs. This would include college-structured pharmacy practice experience programs and continuing education programs. See the footnote to Section 213(1)(d) above for further discussion of the board's proper role in the accreditation process.

³ Graduates of a professional pharmacy degree program based outside the US and its territories that have been awarded Precertification, Provisional Certification, or Certification by ACPE are not eligible for US pharmacy licensing exams (NAPLEX or MPJE) and must complete the Foreign Pharmacy Graduate Examination Committee (FPGEC) program to be eligible to take the pharmacy licensing exams in the US. Similarly, graduates from an ACPE-accredited post-baccalaureate pharmacy program where the initial pharmacy degree is from a pharmacy program that is not an entry-level, ACPE-accredited pharmacy program, must complete the FPGEC program. [NOTE: ACPE will be changing the terminology that will be used within the ACPE International Services Program. As of January 1, 2023, the ACPE International Services Program will offer "International-Accreditation," "International Pre-Accreditation," and "Provisional International-Accreditation" to qualifying pharmacy degree programs outside the United States of America and its Territories. These will replace ACPE's current "Certification," "Precertification" and "Provisional Certification" statuses.]

⁴ Boards should avoid mention of specific examinations or other contracted services in their practice act and regulations to avoid challenges related to an unconstitutional delegation of authority. It is contemplated that boards will utilize the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) as part of their assessment of pharmacy education equivalence.

- satisfaction that experience in the practice of pharmacy which meets or exceeds the minimum pharmacy practice experience requirements of the board;
- (e) have successfully passed an examination or examinations approved by the board of pharmacy within five attempts;
 - (f) have undergone a state and federal fingerprint-based criminal background check as specified by state law or board rule; and
 - (g) have paid the fees specified by the board of pharmacy for the examination and any related materials and have paid for the issuance of the license.
- (2) Examinations.
- (a) The examinations for licensure, which include a pharmacy practice examination and a jurisprudence examination, required under Section 302(1)(e) of the Act, shall be provided by a testing provider approved by the board.⁵ if applicable, state-specific compounding examinations shall be administered by the board. The content and subject matter of the pharmacy practice examination shall be determined by the examination provider approved by the board and the board shall determine the content and subject matter of each state-specific compounding and jurisprudence examination.
 - (b) The examinations shall be prepared to measure the competence of the applicant to engage in the practice of pharmacy. The examination provider may employ, cooperate, and contract with any organization or consultant in the preparation and grading of an examination, but the board shall retain the sole discretion and responsibility for determining which applicants are eligible for licensure.

Section 303. Pharmacy Practice Experience Program Standards; Pharmacy Intern Licensure.

- 1) The board of pharmacy shall establish standards for pharmacy practice experience programs for the purpose of providing the practice experience necessary for licensure as a pharmacist.
- 2) The board shall grant a pharmacy intern license to pharmacy students, authorizing those students to engage in the practice of pharmacy under the supervision of a pharmacist.
- 3) The board of pharmacy shall adopt rules regarding the licensure of pharmacy interns and the standards for pharmacy practice experience programs.⁶

⁵ Boards of Pharmacy are strongly encouraged to utilize the North American Pharmacist Licensure Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination (MPJE) for this purpose.

⁶ Boards of pharmacy are strongly encouraged to utilize the ACPE Standards of Accreditation for Doctor of Pharmacy Degree Programs as a basis for establishment and revision of board standards for pharmacy practice experiences. These Standards of Accreditation also contain additional guidance on the desired behaviors, qualities, and values of preceptors.

- a) All applicants for licensure by examination shall obtain practical experience in the practice of pharmacy concurrent with or after college attendance, or both, under such terms and conditions as the board shall determine.⁷
- b) The board shall establish such licensure requirements for pharmacy interns, including obtaining an NABP e-Profile ID, and standards for pharmacy practice experiences, or any other experiential program necessary to qualify an applicant for the licensure examination and shall also determine the qualifications of preceptors used in practical experience programs.⁸

⁷ Although boards of pharmacy mandate a specified number of hours of pharmacy practice experiences as a prerequisite to licensure, boards of pharmacy are also encouraged to deem those requirements met if boards find that the college-based pharmacy practice experiences meet or exceed the hourly pharmacy practice experience requirements.

As indicated in the Model Rules for Pharmacy Interns, applicants for licensure as pharmacists shall submit evidence that they have satisfactorily completed: (1) an objective assessment mechanism intended to evaluate achievement of desired competencies as delineated in the ACPE Standards of Accreditation for Doctor of Pharmacy Degree Programs and (2) not less than 1,740 hours of pharmacy practice experience credit under the instruction and supervision of a preceptor. Boards may consider moving away from requiring a specific number of contact hours should it be determined that the ACPE Standards of Accreditation for Doctor of Pharmacy Degree Programs result in appropriate preparation for students and objective assessment mechanisms demonstrate such.

⁸ Boards of pharmacy are strongly encouraged to utilize the ACPE Standards of Accreditation for Doctor of Pharmacy Degree Programs as a basis for establishment and revision of board standards for pharmacy practice experiences. These Standards of Accreditation also contain additional guidance on the desired behaviors, qualities, and values of preceptors.

Agenda Item: Consideration of Guidance Document 110-26

Included in your agenda package:

- 18VAC110-20-113 regarding pharmacy working conditions, which became effective August 27, 2025;
- Guidance Document 110-26, which was adopted by the Board in 2022, before the legislation and regulation were effective regarding pharmacy working conditions; and
- A draft policy document.

Staff notes: The promulgation of 18VAC110-20-113, following legislation, made the suggestions contained in Guidance Document 110-26 into requirements. Guidance Document 110-26 is now no longer needed and does not clearly state the requirements contained in regulation. Guidance Document 110-26 should therefore be repealed.

If the Committee wishes to maintain a document referencing this matter, a draft policy document has been included for consideration.

Action needed:

- Recommendation for the full Board to repeal Guidance Document 110-26;
- If the Committee wishes to do so, recommendation to the full Board to adopt a policy regarding pharmacy working conditions.

Part II. Pharmacies

18VAC110-20-113. Pharmacy working conditions.

- A. A pharmacy permit holder shall protect the health, safety, and welfare of patients by consulting with the PIC or pharmacist on duty and other pharmacy staff to ensure patient care services are safely provided in compliance with applicable standards of patient care. A permit holder's decisions shall not override the control of the PIC or other pharmacist on duty regarding appropriate working environments for all pharmacy personnel necessary to protect the health, safety, and welfare of patients.
- B. To provide a safe working environment in a pharmacy, a permit holder shall, at a minimum:
1. Ensure sufficient personnel are scheduled to work at all times in order to prevent fatigue, distraction, or other conditions that interfere with a pharmacist's ability to practice with reasonable competence and safety. Staffing levels shall not be solely based on prescription volume, but shall consider any other requirements of pharmacy staff during working hours;
 2. Provide sufficient tools and equipment in good repair and minimize excessive distractions to support a safe workflow for a pharmacist to practice with reasonable competence and safety to address patient needs in a timely manner;
 3. Avoid the introduction of external factors, such as productivity or production quotas or other programs, to the extent that they interfere with the pharmacist's ability to provide appropriate professional services to the public;
 4. Ensure staff are sufficiently trained to safely and adequately perform assigned duties, ensure staff demonstrate competency, and ensure that pharmacy technician trainees work closely with pharmacists and pharmacy technicians with sufficient experience as determined by the PIC;
 5. Provide appropriate opportunities for uninterrupted rest periods and meal breaks consistent with 18VAC110-20-110 and the following:
 - a. A pharmacy may close when a pharmacist is on break based on the professional judgment of the pharmacist on duty, provided that the pharmacy has complied with the 14-day notice to the public pursuant to § 54.1-3434 of the Code of Virginia and 18VAC110-20-135;
 - b. If a pharmacy does not close while the pharmacist is on break, the pharmacist must ensure adequate security of drugs by taking a break within the prescription department or on the premises. The pharmacist on duty must determine whether pharmacy technicians or pharmacy interns may continue to perform duties and whether the pharmacist is able to provide adequate supervision; and

c. If the pharmacy remains open, only prescriptions verified by a pharmacist pursuant to 18VAC110-20-270 may be dispensed when the pharmacist is on break. An offer to counsel any person filling a new prescription must be offered pursuant to § 54.1-3319 of the Code of Virginia. Persons who request to speak to the pharmacist shall be told that the pharmacist is on break and that they may wait to speak with the pharmacist or provide a telephone number for the pharmacist to contact them upon return from break. Pharmacists returning from break shall immediately attempt to contact persons who requested counseling and document when such counseling is provided;

6. Provide adequate time for a pharmacist to complete professional duties and responsibilities, including:

- a. Drug utilization review;
- b. Immunization;
- c. Counseling;
- d. Verification of prescriptions;
- e. Patient testing; and
- f. All other duties required by Chapters 33 (§ 54.1-3300 et seq.) and 34 (§ 54.1-3400 et seq.) of Title 54.1 of the Code of Virginia and this chapter; and

7. Ensure that pharmacy technicians shall never perform duties otherwise restricted to a pharmacist.

C. A pharmacy permit holder shall not override the control of the pharmacist on duty regarding any aspects of the practice of pharmacy, including a pharmacist's decision not to administer vaccines when one pharmacist is on duty and, in the pharmacist's professional judgment, vaccines cannot be administered safely.

D. Staffing requests or concerns as described in this section shall be communicated by the PIC or pharmacist on duty to the permit holder using the Staffing Requests or Concerns Form developed by the board or a form containing information identical to the form developed by the board, which may be electronic.

- 1. Such forms, once completed, shall be provided to the immediate supervisor of the PIC or pharmacist on duty, with one copy maintained in the pharmacy for three years, and produced for inspection by the board within 48 hours of request.
- 2. The PIC or pharmacist on duty may report any staffing issues directly to the board if the PIC or pharmacist on duty believes the situation warrants immediate board review.
- 3. Under no circumstances shall a good faith report of staffing concerns by the PIC, pharmacist on duty, or notification of such issues by pharmacy personnel to the PIC, pharmacist on duty, or board result in workplace discipline against the reporting staff member.

E. Permit holders shall review completed staffing reports and shall:

1. Respond to the reporting staff member to acknowledge receipt of the staffing request or concern;
2. Resolve any issues listed in a timely manner to ensure a safe working environment for pharmacy staff and appropriate medication access for patients;
3. Document any corrective action taken, steps taken toward corrective action as of the time of inspection, or justification for inaction, which documentation shall be maintained on site or produced for inspection by the board within 48 hours of request; and
4. Communicate corrective action taken or justification for inaction to the PIC or reporting pharmacist on duty.

Statutory Authority

§§54.1-2400 and 54.1-3307 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 41, Issue 25, eff. August 27, 2025.

Virginia Board of Pharmacy
Pharmacy Working Conditions

Exacerbated by the COVID-19 pandemic and other public health crises, pharmacists, pharmacy technicians, and pharmacy interns have experienced increased demands on their skills and time to provide patient care.

Pharmacies holding permits to operate in Virginia are subject to the following requirements:

§ 54.1-3434, which states:

The application for such permit shall be made on a form provided by the Board and signed by a pharmacist who will be in full and actual charge of the pharmacy...

If the owner is other than the pharmacist making the application, the type of ownership shall be indicated and shall list any partner or partners, and, if a corporation, then the corporate officers and directors. Further, if the owner is not a pharmacist, he shall not abridge the authority of the pharmacist-in-charge to exercise professional judgment relating to the dispensing of drugs in accordance with this act and Board regulations.

The permit shall be issued only to the pharmacist who signs the application as the pharmacist-in-charge and as such assumes the full responsibilities for the legal operation of the pharmacy. This permit and responsibilities shall not be construed to negate any responsibility of any pharmacist or other person.

18VAC110-20-110(C), which states:

The PIC [pharmacist in charge] or the pharmacist on duty shall control all aspects of the practice of pharmacy. Any decision overriding such control of the PIC or other pharmacist on duty shall be deemed the practice of pharmacy and may be grounds for disciplinary action against the pharmacy permit.

Additionally, Virginia Code § 54.1-3316(13) states that the Board may discipline a pharmacy permit holder if that permit holder has:

conducted his practice, or activity requiring a license, permit, certificate, or registration from the Board in such a manner as to be a danger to the health and welfare of the public[.]

Due to these requirements, pharmacy permit holders should consult with the PIC or pharmacist on duty and other pharmacy staff to ensure patient care services are safely provided in compliance with applicable standards of patient care. Permit holders should ensure their

decisions are not overriding the control of the PIC or other pharmacist on duty and, via consultation with pharmacy staff, that permit holders are providing a working environment for all pharmacy personnel that protects the health, safety, and welfare of patients. Ensuring a safe environment that does not jeopardize patient care includes, at a minimum:

- Ensuring sufficient personnel are scheduled to work at all times in order to prevent fatigue, distraction, or other conditions that interfere with a pharmacist's ability to practice with reasonable competency and safety;
- Avoiding the introduction of external factors, such as productivity or production quotas, or other programs to the extent that they interfere with the pharmacist's ability to provide appropriate professional services to the public;
- Ensuring staff are sufficiently trained to safely and adequately perform their assigned duties, and demonstrate competency;
- Providing appropriate opportunities for uninterrupted rest periods and meal breaks; and
- Providing adequate time for a pharmacist to complete professional duties and responsibilities, including:
 - drug utilization review;
 - immunization;
 - counseling;
 - verification of prescriptions;
 - patient testing; and
 - all other duties required by Virginia Code §§ 54.1-3300 *et seq.*, 54.1-3400 *et seq.*, and 18VAC110-20-10 *et seq.*

Commented [EB1]: 20-113(C) - although the reg uses stronger language

Commented [EB2]: 20-113(B)(1)

Commented [EB3]: 20-113(B)(3)

Commented [EB4]: 20-113(B)(4)

Commented [EB5]: 20-113(B)(5) - although the regulation goes farther than this

Commented [EB6]: 20-113(B)(6) - this is in the reg verbatim

To ensure adequate staffing levels, a PIC is encouraged to develop and implement use of a staffing report form to address staffing requests or concerns. Pharmacy personnel should complete the form when concerned with staffing due to inadequate number of support persons or excessive workload. Completing the form may result in better decisions concerning staffing. A copy of the form, when executed, should be given to the immediate supervisor and a copy should remain in the pharmacy. If the PIC believes the situation warrants earlier Board review, the PIC should inform the Board.

Commented [EB7]: 20-113(D) - although this is a requirement in the reg rather than a suggestion

Commented [EB8]: 20-113(D)(1)

Such form should include the following:

- Date and time the inadequate staffing occurred;
- Number of prescriptions filled during this time frame;
- Summary of events; and
- Any comments or suggestions.

Each pharmacy should review completed staffing reports and address any issues listed, documenting any corrective action taken or justification for inaction to assure continual self-

improvement. If it is determined that the issue is not staffing-related, measures taken to address the issue should be described.

Commented [EB9]: 20-113(E)

It is recommended that each pharmacy retain completed staffing reports for three years from date of execution. Pharmacy personnel should not be subject to discipline by the employing pharmacy for completing a staffing report in good faith.

Commented [EB10]: (D)(1) - but it's a requirement not a suggestion

Commented [EB11]: (D)(3)

Evidence of possible violations of law, to include § 54.1-3434 and Regulation 18VAC110-20-110 C, may be submitted online to the Virginia Department of Health Professions, Enforcement Division at <http://www.dhp.virginia.gov/PractitionerResources/Enforcement/>

Commented [EB12]: (D)(2)

Virginia Board of Pharmacy
Policy Regarding Pharmacy Working Conditions

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The permit shall be issued only to the pharmacist who signs the application as the pharmacist-in-charge and as such assumes the full responsibilities for the legal operation of the pharmacy. This permit and responsibilities shall not be construed to negate any responsibility of any pharmacist or other person.

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Virginia Code § 54.1-3316(13) states that the Board may discipline a pharmacy permit holder if that permit holder has:

conducted his practice, or activity requiring a license, permit, certificate, or registration from the Board in such a manner as to be a danger to the health and welfare of the public[.]

Additionally, 18VAC110-20-113 which specifically addresses pharmacy working conditions, along with the use of the Staffing Requests or Concerns Form which may be accessed at

<https://www.dhp.virginia.gov/media/dhpweb/docs/pharmacy/forms/StaffingRequestsOrConcernsForm.pdf>

Evidence of possible violations of law, to include § 54.1-3434, 18VAC110-20-110 C, or 18VAC110-20-113, may be submitted online to the Virginia Department of Health Professions, Enforcement Division at <http://www.dhp.virginia.gov/PractitionerResources/Enforcement/>

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