# Chapter 33 of Title 54.1 of the Code of Virginia

# Pharmacy

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## § 54.1-3300. Definitions.

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

"Board" means the Board of Pharmacy.

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

"Dispense" means to deliver a drug to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling, or compounding necessary to prepare the substance for delivery.

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

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

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

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

"Pharmacy technician trainee" means a person registered with the Board for the purpose of performing duties restricted to a pharmacy technician as part of a pharmacy technician training program in accordance with the provisions of subsection G of § [54.1-3321](https://law.lis.virginia.gov/vacode/54.1-3321/).

"Practice of pharmacy" means the personal health service that is concerned with the art and science of selecting, procuring, recommending, administering, preparing, compounding, packaging, and dispensing of drugs, medicines, and devices used in the diagnosis, treatment, or prevention of disease, whether compounded or dispensed on a prescription or otherwise legally dispensed or distributed, and shall include (i) the proper and safe storage and distribution of drugs; (ii) the maintenance of proper records; (iii) the responsibility of providing information concerning drugs and medicines and their therapeutic values and uses in the treatment and prevention of disease; (iv) the management of patient care under the terms of a collaborative agreement as defined in this section; and (v) the initiating of treatment with or dispensing or administering of certain drugs, devices, or controlled paraphernalia in accordance with the provisions of § [54.1-3303.1](https://law.lis.virginia.gov/vacode/54.1-3303.1/).

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

Other terms used in the context of this chapter shall be defined as provided in Chapter 34 (§ [54.1-3400](https://law.lis.virginia.gov/vacode/54.1-3400/) et seq.) unless the context requires a different meaning.

Code 1950, §§ 54-399, 54-487; 1952, c. 451; 1958, c. 551, § 54-524.2; 1966, c. 193; 1968, c. 582; 1970, c. 650; 1971, Ex. Sess., c. 94; 1972, c. 798; 1975, c. 425; 1976, c. 14; 1977, c. 193; 1978, c. 833; 1979, c. 435; 1980, c. 150; 1988, c. 765; 1999, cc. [895](http://lis.virginia.gov/cgi-bin/legp604.exe?991+ful+CHAP0895), [1011](http://lis.virginia.gov/cgi-bin/legp604.exe?991+ful+CHAP1011); 2001, c. [317](http://lis.virginia.gov/cgi-bin/legp604.exe?011+ful+CHAP0317); 2002, c. [411](http://lis.virginia.gov/cgi-bin/legp604.exe?021+ful+CHAP0411); 2013, c. [192](http://lis.virginia.gov/cgi-bin/legp604.exe?131+ful+CHAP0192); 2018, c. [776](http://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+CHAP0776); 2020, cc. [102](http://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+CHAP0102), [237](http://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+CHAP0237), [731](http://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+CHAP0731); 2021, Sp. Sess. I, c. [214](http://lis.virginia.gov/cgi-bin/legp604.exe?212+ful+CHAP0214).

## § 54.1-3300.1. Participation in collaborative agreements; regulations to be promulgated by the Boards of Medicine and Pharmacy.

A. A pharmacist and his designated alternate pharmacists involved directly in patient care may participate with (i) any person licensed to practice medicine, osteopathy, or podiatry together with any person licensed, registered, or certified by a health regulatory board of the Department of Health Professions who provides health care services to patients of such person licensed to practice medicine, osteopathy, or podiatry; (ii) a physician's office as defined in § [32.1-276.3](https://law.lis.virginia.gov/vacode/32.1-276.3/), provided that such collaborative agreement is signed by each physician participating in the collaborative agreement; (iii) any licensed physician assistant working in accordance with the provisions of § [54.1-2951.1](https://law.lis.virginia.gov/vacode/54.1-2951.1/); or (iv) any licensed nurse practitioner working in accordance with the provisions of § [54.1-2957](https://law.lis.virginia.gov/vacode/54.1-2957/), involved directly in patient care in collaborative agreements which authorize cooperative procedures related to treatment using drug therapy, laboratory tests, or medical devices, under defined conditions or limitations, for the purpose of improving patient outcomes for patients who meet the criteria set forth in the collaborative agreement. However, no person licensed to practice medicine, osteopathy, or podiatry, or licensed as a nurse practitioner or physician assistant, shall be required to participate in a collaborative agreement with a pharmacist and his designated alternate pharmacists, regardless of whether a professional business entity on behalf of which the person is authorized to act enters into a collaborative agreement with a pharmacist and his designated alternate pharmacists.

B. A patient who meets the criteria for inclusion in the category of patients whose care is subject to a collaborative agreement and who chooses to not participate in a collaborative procedure shall notify the prescriber of his refusal to participate in such collaborative procedure. A prescriber may elect to have a patient not participate in a collaborative procedure by contacting the pharmacist or his designated alternative pharmacists or by documenting the same on the patient's prescription.

C. Collaborative agreements may include the implementation, modification, continuation, or discontinuation of drug therapy pursuant to written or electronic protocols, provided implementation of drug therapy occurs following diagnosis by the prescriber; the ordering of laboratory tests; or other patient care management measures related to monitoring or improving the outcomes of drug or device therapy. No such collaborative agreement shall exceed the scope of practice of the respective parties. Any pharmacist who deviates from or practices in a manner inconsistent with the terms of a collaborative agreement shall be in violation of § [54.1-2902](https://law.lis.virginia.gov/vacode/54.1-2902/); such violation shall constitute grounds for disciplinary action pursuant to §§ [54.1-2400](https://law.lis.virginia.gov/vacode/54.1-2400/) and [54.1-3316](https://law.lis.virginia.gov/vacode/54.1-3316/).

D. Collaborative agreements may only be used for conditions which have protocols that are clinically accepted as the standard of care, or are approved by the Boards of Medicine and Pharmacy. The Boards of Medicine and Pharmacy shall jointly develop and promulgate regulations to implement the provisions of this section and to facilitate the development and implementation of safe and effective collaborative agreements between the appropriate practitioners and pharmacists. The regulations shall include guidelines concerning the use of protocols, and a procedure to allow for the approval or disapproval of specific protocols by the Boards of Medicine and Pharmacy if review is requested by a practitioner or pharmacist.

E. Nothing in this section shall be construed to supersede the provisions of § [54.1-3303](https://law.lis.virginia.gov/vacode/54.1-3303/).

1999, cc. [895](http://lis.virginia.gov/cgi-bin/legp604.exe?991+ful+CHAP0895), [1011](http://lis.virginia.gov/cgi-bin/legp604.exe?991+ful+CHAP1011); 2013, c. [192](http://lis.virginia.gov/cgi-bin/legp604.exe?131+ful+CHAP0192); 2018, c. [776](http://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+CHAP0776); 2020, cc. [46](http://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+CHAP0046), [232](http://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+CHAP0232), [731](http://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+CHAP0731).

## § 54.1-3301. Exceptions.

This chapter shall not be construed to:

1. Interfere with any legally qualified practitioner of dentistry, or veterinary medicine or any physician acting on behalf of the Virginia Department of Health or local health departments, in the compounding of his prescriptions or the purchase and possession of drugs as he may require;

2. Prevent any legally qualified practitioner of dentistry, or veterinary medicine or any prescriber, as defined in § [54.1-3401](https://law.lis.virginia.gov/vacode/54.1-3401/), acting on behalf of the Virginia Department of Health or local health departments, from administering or supplying to his patients the medicines that he deems proper under the conditions of § [54.1-3303](https://law.lis.virginia.gov/vacode/54.1-3303/) or from causing drugs to be administered or dispensed pursuant to §§ [32.1-42.1](https://law.lis.virginia.gov/vacode/32.1-42.1/) and [54.1-3408](https://law.lis.virginia.gov/vacode/54.1-3408/), except that a veterinarian shall only be authorized to dispense a compounded drug, distributed from a pharmacy, when (i) the animal is his own patient, (ii) the animal is a companion animal as defined in regulations promulgated by the Board of Veterinary Medicine, (iii) the quantity dispensed is no more than a seven-day supply, (iv) the compounded drug is for the treatment of an emergency condition, and (v) timely access to a compounding pharmacy is not available, as determined by the prescribing veterinarian;

3. Prohibit the sale by merchants and retail dealers of proprietary medicines as defined in Chapter 34 (§ [54.1-3400](https://law.lis.virginia.gov/vacode/54.1-3400/) et seq.) of this title;

4. Prevent the operation of automated drug dispensing systems in hospitals pursuant to Chapter 34 (§ [54.1-3400](https://law.lis.virginia.gov/vacode/54.1-3400/) et seq.) of this title;

5. Prohibit the employment of ancillary personnel to assist a pharmacist as provided in the regulations of the Board;

6. Interfere with any legally qualified practitioner of medicine, osteopathy, or podiatry from purchasing, possessing or administering controlled substances to his own patients or providing controlled substances to his own patients in a bona fide medical emergency or providing manufacturers' professional samples to his own patients;

7. Interfere with any legally qualified practitioner of optometry, certified or licensed to use diagnostic pharmaceutical agents, from purchasing, possessing or administering those controlled substances as specified in § [54.1-3221](https://law.lis.virginia.gov/vacode/54.1-3221/) or interfere with any legally qualified practitioner of optometry certified to prescribe therapeutic pharmaceutical agents from purchasing, possessing, or administering to his own patients those controlled substances as specified in § [54.1-3222](https://law.lis.virginia.gov/vacode/54.1-3222/) and the TPA formulary, providing manufacturers' samples of these drugs to his own patients, or dispensing, administering, or selling ophthalmic devices as authorized in § [54.1-3204](https://law.lis.virginia.gov/vacode/54.1-3204/);

8. Interfere with any physician assistant with prescriptive authority receiving and dispensing to his own patients manufacturers' professional samples of controlled substances and devices that he is authorized, in compliance with the provisions of § [54.1-2952.1](https://law.lis.virginia.gov/vacode/54.1-2952.1/), to prescribe according to his practice setting and a written agreement with a physician or podiatrist;

9. Interfere with any licensed nurse practitioner with prescriptive authority receiving and dispensing to his own patients manufacturers' professional samples of controlled substances and devices that he is authorized, in compliance with the provisions of § [54.1-2957.01](https://law.lis.virginia.gov/vacode/54.1-2957.01/), to prescribe;

10. Interfere with any legally qualified practitioner of medicine or osteopathy participating in an indigent patient program offered by a pharmaceutical manufacturer in which the practitioner sends a prescription for one of his own patients to the manufacturer, and the manufacturer donates a stock bottle of the prescription drug ordered at no cost to the practitioner or patient. The practitioner may dispense such medication at no cost to the patient without holding a license to dispense from the Board of Pharmacy. However, the container in which the drug is dispensed shall be labeled in accordance with the requirements of § [54.1-3410](https://law.lis.virginia.gov/vacode/54.1-3410/), and, unless directed otherwise by the practitioner or the patient, shall meet standards for special packaging as set forth in § [54.1-3426](https://law.lis.virginia.gov/vacode/54.1-3426/) and Board of Pharmacy regulations. In lieu of dispensing directly to the patient, a practitioner may transfer the donated drug with a valid prescription to a pharmacy for dispensing to the patient. The practitioner or pharmacy participating in the program shall not use the donated drug for any purpose other than dispensing to the patient for whom it was originally donated, except as authorized by the donating manufacturer for another patient meeting that manufacturer's requirements for the indigent patient program. Neither the practitioner nor the pharmacy shall charge the patient for any medication provided through a manufacturer's indigent patient program pursuant to this subdivision. A participating pharmacy, including a pharmacy participating in bulk donation programs, may charge a reasonable dispensing or administrative fee to offset the cost of dispensing, not to exceed the actual costs of such dispensing. However, if the patient is unable to pay such fee, the dispensing or administrative fee shall be waived;

11. Interfere with any legally qualified practitioner of medicine or osteopathy from providing controlled substances to his own patients in a free clinic without charge when such controlled substances are donated by an entity other than a pharmaceutical manufacturer as authorized by subdivision 10. The practitioner shall first obtain a controlled substances registration from the Board and shall comply with the labeling and packaging requirements of this chapter and the Board's regulations; or

12. Prevent any pharmacist from providing free health care to an underserved population in Virginia who (i) does not regularly practice pharmacy in Virginia, (ii) holds a current valid license or certificate to practice pharmacy in another state, territory, district or possession of the United States, (iii) volunteers to provide free health care to an underserved area of this Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people, (iv) files a copy of the license or certificate issued in such other jurisdiction with the Board, (v) notifies the Board at least five business days prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledges, in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations, during the limited period that such free health care is made available through the volunteer, nonprofit organization on the dates and at the location filed with the Board. The Board may deny the right to practice in Virginia to any pharmacist whose license has been previously suspended or revoked, who has been convicted of a felony or who is otherwise found to be in violation of applicable laws or regulations. However, the Board shall allow a pharmacist who meets the above criteria to provide volunteer services without prior notice for a period of up to three days, provided the nonprofit organization verifies that the practitioner has a valid, unrestricted license in another state.

This section shall not be construed as exempting any person from the licensure, registration, permitting and record keeping requirements of this chapter or Chapter 34 of this title.

Code 1950, § 54-481; 1966, c. 171; 1968, c. 582, § 54-524.53; 1970, c. 650, § 54-524.54; 1972, c. 798; 1988, cc. 765, 904; 1989, c. 510; 1998, c. [101](http://lis.virginia.gov/cgi-bin/legp604.exe?981+ful+CHAP0101); 1999, cc. [745](http://lis.virginia.gov/cgi-bin/legp604.exe?991+ful+CHAP0745), [750](http://lis.virginia.gov/cgi-bin/legp604.exe?991+ful+CHAP0750); 2000, c. [924](http://lis.virginia.gov/cgi-bin/legp604.exe?001+ful+CHAP0924); 2001, c. [465](http://lis.virginia.gov/cgi-bin/legp604.exe?011+ful+CHAP0465); 2002, cc. [666](http://lis.virginia.gov/cgi-bin/legp604.exe?021+ful+CHAP0666), [707](http://lis.virginia.gov/cgi-bin/legp604.exe?021+ful+CHAP0707), [740](http://lis.virginia.gov/cgi-bin/legp604.exe?021+ful+CHAP0740); 2003, c. [794](http://lis.virginia.gov/cgi-bin/legp604.exe?031+ful+CHAP0794); 2008, c. [674](http://lis.virginia.gov/cgi-bin/legp604.exe?081+ful+CHAP0674); 2009, cc. [101](http://lis.virginia.gov/cgi-bin/legp604.exe?091+ful+CHAP0101), [353](http://lis.virginia.gov/cgi-bin/legp604.exe?091+ful+CHAP0353), [761](http://lis.virginia.gov/cgi-bin/legp604.exe?091+ful+CHAP0761); 2012, c. [213](http://lis.virginia.gov/cgi-bin/legp604.exe?121+ful+CHAP0213); 2014, c. [147](http://lis.virginia.gov/cgi-bin/legp604.exe?141+ful+CHAP0147); 2018, cc. [100](http://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+CHAP0100), [776](http://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+CHAP0776).

## § 54.1-3302. Restrictions on practitioners of the healing arts.

A practitioner of the healing arts shall not sell or dispense controlled substances except as provided in §§ 54.1-2914 and 54.1-3304.1. Such exceptions shall extend only to his own patients unless he is licensed to practice pharmacy.

(Code 1950, § 54-481; 1966, c. 171; 1968, c. 582, § 54-524.53; 1970, c. 650; 1972, c. 798; 1988, c. 765; 1989, c. 510.)

## § 54.1-3303. Prescriptions to be issued and drugs to be dispensed for medical or therapeutic purposes only.

A. A prescription for a controlled substance may be issued only by a practitioner of medicine, osteopathy, podiatry, dentistry or veterinary medicine who is authorized to prescribe controlled substances, a licensed nurse practitioner pursuant to § [54.1-2957.01](https://law.lis.virginia.gov/vacode/54.1-2957.01/), a licensed certified midwife pursuant to § [54.1-2957.04](https://law.lis.virginia.gov/vacode/54.1-2957.04/), a licensed physician assistant pursuant to § [54.1-2952.1](https://law.lis.virginia.gov/vacode/54.1-2952.1/), or a TPA-certified optometrist pursuant to Article 5 (§ [54.1-3222](https://law.lis.virginia.gov/vacode/54.1-3222/) et seq.) of Chapter 32.

B. A prescription shall be issued only to persons or animals with whom the practitioner has a bona fide practitioner-patient relationship or veterinarian-client-patient relationship. If a practitioner is providing expedited partner therapy consistent with the recommendations of the Centers for Disease Control and Prevention, then a bona fide practitioner-patient relationship shall not be required.

A bona fide practitioner-patient relationship shall exist if the practitioner has (i) obtained or caused to be obtained a medical or drug history of the patient; (ii) provided information to the patient about the benefits and risks of the drug being prescribed; (iii) performed or caused to be performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically; and (iv) initiated additional interventions and follow-up care, if necessary, especially if a prescribed drug may have serious side effects. Except in cases involving a medical emergency, the examination required pursuant to clause (iii) shall be performed by the practitioner prescribing the controlled substance, a practitioner who practices in the same group as the practitioner prescribing the controlled substance, or a consulting practitioner.

A practitioner who has established a bona fide practitioner-patient relationship with a patient in accordance with the provisions of this subsection may prescribe Schedule II through VI controlled substances to that patient.

A practitioner who has established a bona fide practitioner-patient relationship with a patient in accordance with the provisions of this subsection may prescribe Schedule II through VI controlled substances to that patient via telemedicine if such prescribing is in compliance with federal requirements for the practice of telemedicine and, in the case of the prescribing of a Schedule II through V controlled substance, the prescriber maintains a practice at a physical location in the Commonwealth or is able to make appropriate referral of patients to a licensed practitioner located in the Commonwealth in order to ensure an in-person examination of the patient when required by the standard of care.

A prescriber may establish a bona fide practitioner-patient relationship for the purpose of prescribing Schedule II through VI controlled substances by an examination through face-to-face interactive, two-way, real-time communications services or store-and-forward technologies when all of the following conditions are met: (a) the patient has provided a medical history that is available for review by the prescriber; (b) the prescriber obtains an updated medical history at the time of prescribing; (c) the prescriber makes a diagnosis at the time of prescribing; (d) the prescriber conforms to the standard of care expected of in-person care as appropriate to the patient's age and presenting condition, including when the standard of care requires the use of diagnostic testing and performance of a physical examination, which may be carried out through the use of peripheral devices appropriate to the patient's condition; (e) the prescriber is actively licensed in the Commonwealth and authorized to prescribe; (f) if the patient is a member or enrollee of a health plan or carrier, the prescriber has been credentialed by the health plan or carrier as a participating provider and the diagnosing and prescribing meets the qualifications for reimbursement by the health plan or carrier pursuant to § [38.2-3418.16](https://law.lis.virginia.gov/vacode/38.2-3418.16/); (g) upon request, the prescriber provides patient records in a timely manner in accordance with the provisions of § [32.1-127.1:03](https://law.lis.virginia.gov/vacode/32.1-127.1:03/) and all other state and federal laws and regulations; (h) the establishment of a bona fide practitioner-patient relationship via telemedicine is consistent with the standard of care, and the standard of care does not require an in-person examination for the purpose of diagnosis; and (i) the establishment of a bona fide practitioner patient relationship via telemedicine is consistent with federal law and regulations and any waiver thereof. Nothing in this paragraph shall apply to (1) a prescriber providing on-call coverage per an agreement with another prescriber or his prescriber's professional entity or employer; (2) a prescriber consulting with another prescriber regarding a patient's care; or (3) orders of prescribers for hospital out-patients or in-patients.

For purposes of this section, a bona fide veterinarian-client-patient relationship is one in which a veterinarian, another veterinarian within the group in which he practices, or a veterinarian with whom he is consulting has assumed the responsibility for making medical judgments regarding the health of and providing medical treatment to an animal as defined in § [3.2-6500](https://law.lis.virginia.gov/vacode/3.2-6500/), other than an equine as defined in § [3.2-6200](https://law.lis.virginia.gov/vacode/3.2-6200/), a group of agricultural animals as defined in § [3.2-6500](https://law.lis.virginia.gov/vacode/3.2-6500/), or bees as defined in § [3.2-4400](https://law.lis.virginia.gov/vacode/3.2-4400/), and a client who is the owner or other caretaker of the animal, group of agricultural animals, or bees has consented to such treatment and agreed to follow the instructions of the veterinarian. Evidence that a veterinarian has assumed responsibility for making medical judgments regarding the health of and providing medical treatment to an animal, group of agricultural animals, or bees shall include evidence that the veterinarian (A) has sufficient knowledge of the animal, group of agricultural animals, or bees to provide a general or preliminary diagnosis of the medical condition of the animal, group of agricultural animals, or bees; (B) has made an examination of the animal, group of agricultural animals, or bees, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically or has become familiar with the care and keeping of that species of animal or bee on the premises of the client, including other premises within the same operation or production system of the client, through medically appropriate and timely visits to the premises at which the animal, group of agricultural animals, or bees are kept; and (C) is available to provide follow-up care.

C. A prescription shall only be issued for a medicinal or therapeutic purpose in the usual course of treatment or for authorized research. A prescription not issued in the usual course of treatment or for authorized research is not a valid prescription. A practitioner who prescribes any controlled substance with the knowledge that the controlled substance will be used otherwise than for medicinal or therapeutic purposes shall be subject to the criminal penalties provided in § [18.2-248](https://law.lis.virginia.gov/vacode/18.2-248/) for violations of the provisions of law relating to the distribution or possession of controlled substances.

D. No prescription shall be filled unless a bona fide practitioner-patient-pharmacist relationship exists. A bona fide practitioner-patient-pharmacist relationship shall exist in cases in which a practitioner prescribes, and a pharmacist dispenses, controlled substances in good faith to a patient for a medicinal or therapeutic purpose within the course of his professional practice.

In cases in which it is not clear to a pharmacist that a bona fide practitioner-patient relationship exists between a prescriber and a patient, a pharmacist shall contact the prescribing practitioner or his agent and verify the identity of the patient and name and quantity of the drug prescribed.

Any person knowingly filling an invalid prescription shall be subject to the criminal penalties provided in § [18.2-248](https://law.lis.virginia.gov/vacode/18.2-248/) for violations of the provisions of law relating to the sale, distribution or possession of controlled substances.

E. Notwithstanding any provision of law to the contrary and consistent with recommendations of the Centers for Disease Control and Prevention or the Department of Health, a practitioner may prescribe Schedule VI antibiotics and antiviral agents to other persons in close contact with a diagnosed patient when (i) the practitioner meets all requirements of a bona fide practitioner-patient relationship, as defined in subsection B, with the diagnosed patient and (ii) in the practitioner's professional judgment, the practitioner deems there is urgency to begin treatment to prevent the transmission of a communicable disease. In cases in which the practitioner is an employee of or contracted by the Department of Health or a local health department, the bona fide practitioner-patient relationship with the diagnosed patient, as required by clause (i), shall not be required.

F. A pharmacist may dispense a controlled substance pursuant to a prescription of an out-of-state practitioner of medicine, osteopathy, podiatry, dentistry, optometry, or veterinary medicine, a nurse practitioner, or a physician assistant authorized to issue such prescription if the prescription complies with the requirements of this chapter and the Drug Control Act (§ [54.1-3400](https://law.lis.virginia.gov/vacode/54.1-3400/) et seq.).

G. A licensed nurse practitioner who is authorized to prescribe controlled substances pursuant to § [54.1-2957.01](https://law.lis.virginia.gov/vacode/54.1-2957.01/) may issue prescriptions or provide manufacturers' professional samples for controlled substances and devices as set forth in the Drug Control Act (§ [54.1-3400](https://law.lis.virginia.gov/vacode/54.1-3400/) et seq.) in good faith to his patient for a medicinal or therapeutic purpose within the scope of his professional practice.

H. A licensed physician assistant who is authorized to prescribe controlled substances pursuant to § [54.1-2952.1](https://law.lis.virginia.gov/vacode/54.1-2952.1/) may issue prescriptions or provide manufacturers' professional samples for controlled substances and devices as set forth in the Drug Control Act (§ [54.1-3400](https://law.lis.virginia.gov/vacode/54.1-3400/) et seq.) in good faith to his patient for a medicinal or therapeutic purpose within the scope of his professional practice.

I. A TPA-certified optometrist who is authorized to prescribe controlled substances pursuant to Article 5 (§ [54.1-3222](https://law.lis.virginia.gov/vacode/54.1-3222/) et seq.) of Chapter 32 may issue prescriptions in good faith or provide manufacturers' professional samples to his patients for medicinal or therapeutic purposes within the scope of his professional practice for the drugs specified on the TPA-Formulary, established pursuant to § [54.1-3223](https://law.lis.virginia.gov/vacode/54.1-3223/), which shall be limited to (i) analgesics included on Schedule II controlled substances as defined in § [54.1-3448](https://law.lis.virginia.gov/vacode/54.1-3448/) of the Drug Control Act (§ [54.1-3400](https://law.lis.virginia.gov/vacode/54.1-3400/) et seq.) consisting of hydrocodone in combination with acetaminophen; (ii) oral analgesics included in Schedules III through VI, as defined in §§ [54.1-3450](https://law.lis.virginia.gov/vacode/54.1-3450/) and [54.1-3455](https://law.lis.virginia.gov/vacode/54.1-3455/) of the Drug Control Act (§ [54.1-3400](https://law.lis.virginia.gov/vacode/54.1-3400/) et seq.), which are appropriate to relieve ocular pain; (iii) other oral Schedule VI controlled substances, as defined in § [54.1-3455](https://law.lis.virginia.gov/vacode/54.1-3455/) of the Drug Control Act, appropriate to treat diseases and abnormal conditions of the human eye and its adnexa; (iv) topically applied Schedule VI drugs, as defined in § [54.1-3455](https://law.lis.virginia.gov/vacode/54.1-3455/) of the Drug Control Act; and (v) intramuscular administration of epinephrine for treatment of emergency cases of anaphylactic shock.

J. The requirement for a bona fide practitioner-patient relationship shall be deemed to be satisfied by a member or committee of a hospital's medical staff when approving a standing order or protocol for the administration of influenza vaccinations and pneumococcal vaccinations in a hospital in compliance with § [32.1-126.4](https://law.lis.virginia.gov/vacode/32.1-126.4/).

K. Notwithstanding any other provision of law, a prescriber may authorize a registered nurse or licensed practical nurse to approve additional refills of a prescribed drug for no more than 90 consecutive days, provided that (i) the drug is classified as a Schedule VI drug; (ii) there are no changes in the prescribed drug, strength, or dosage; (iii) the prescriber has a current written protocol, accessible by the nurse, that identifies the conditions under which the nurse may approve additional refills; and (iv) the nurse documents in the patient's chart any refills authorized for a specific patient pursuant to the protocol and the additional refills are transmitted to a pharmacist in accordance with the allowances for an authorized agent to transmit a prescription orally or by facsimile pursuant to subsection C of § [54.1-3408.01](https://law.lis.virginia.gov/vacode/54.1-3408.01/) and regulations of the Board.

1983, c. 528, § 54-524.50:1; 1985, c. 336; 1988, c. 765; 1991, cc. 519, 524; 1992, c. 793; 1996, cc. [152](http://lis.virginia.gov/cgi-bin/legp604.exe?961+ful+CHAP0152), [158](http://lis.virginia.gov/cgi-bin/legp604.exe?961+ful+CHAP0158), [408](http://lis.virginia.gov/cgi-bin/legp604.exe?961+ful+CHAP0408); 1997, c. [806](http://lis.virginia.gov/cgi-bin/legp604.exe?971+ful+CHAP0806); 1998, c. [101](http://lis.virginia.gov/cgi-bin/legp604.exe?981+ful+CHAP0101); 1999, c. [745](http://lis.virginia.gov/cgi-bin/legp604.exe?991+ful+CHAP0745); 2000, cc. [882](http://lis.virginia.gov/cgi-bin/legp604.exe?001+ful+CHAP0882), [924](http://lis.virginia.gov/cgi-bin/legp604.exe?001+ful+CHAP0924); 2001, c. [465](http://lis.virginia.gov/cgi-bin/legp604.exe?011+ful+CHAP0465); 2003, c. [639](http://lis.virginia.gov/cgi-bin/legp604.exe?031+ful+CHAP0639); 2004, c. [744](http://lis.virginia.gov/cgi-bin/legp604.exe?041+ful+CHAP0744); 2006, c. [432](http://lis.virginia.gov/cgi-bin/legp604.exe?061+ful+CHAP0432); 2010, c. [74](http://lis.virginia.gov/cgi-bin/legp604.exe?101+ful+CHAP0074); 2015, cc. [32](http://lis.virginia.gov/cgi-bin/legp604.exe?151+ful+CHAP0032), [115](http://lis.virginia.gov/cgi-bin/legp604.exe?151+ful+CHAP0115); 2016, c. [86](http://lis.virginia.gov/cgi-bin/legp604.exe?161+ful+CHAP0086); 2017, cc. [58](http://lis.virginia.gov/cgi-bin/legp604.exe?171+ful+CHAP0058), [110](http://lis.virginia.gov/cgi-bin/legp604.exe?171+ful+CHAP0110); 2018, cc. [373](http://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+CHAP0373), [380](http://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+CHAP0380), [790](http://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+CHAP0790); 2019, c. [335](http://lis.virginia.gov/cgi-bin/legp604.exe?191+ful+CHAP0335); 2020, c. [464](http://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+CHAP0464); 2021, Sp. Sess. I, cc. [200](http://lis.virginia.gov/cgi-bin/legp604.exe?212+ful+CHAP0200), [201](http://lis.virginia.gov/cgi-bin/legp604.exe?212+ful+CHAP0201), [301](http://lis.virginia.gov/cgi-bin/legp604.exe?212+ful+CHAP0301), [302](http://lis.virginia.gov/cgi-bin/legp604.exe?212+ful+CHAP0302).

## § 54.1-3303.1. Initiating of treatment with and dispensing and administering of controlled substances by pharmacists.

A. Notwithstanding the provisions of § [54.1-3303](https://law.lis.virginia.gov/vacode/54.1-3303/), a pharmacist may initiate treatment with, dispense, or administer the following drugs, devices, controlled paraphernalia, and other supplies and equipment to persons 18 years of age or older in accordance with a statewide protocol developed by the Board in collaboration with the Board of Medicine and the Department of Health and set forth in regulations of the Board:

1. Naloxone or other opioid antagonist, including such controlled paraphernalia, as defined in § [54.1-3466](https://law.lis.virginia.gov/vacode/54.1-3466/), as may be necessary to administer such naloxone or other opioid antagonist;

2. Epinephrine;

3. Injectable or self-administered hormonal contraceptives, provided the patient completes an assessment consistent with the United States Medical Eligibility Criteria for Contraceptive Use;

4. Prenatal vitamins for which a prescription is required;

5. Dietary fluoride supplements, in accordance with recommendations of the American Dental Association for prescribing of such supplements for persons whose drinking water has a fluoride content below the concentration recommended by the U.S. Department of Health and Human Services;

6. Drugs as defined in § [54.1-3401](https://law.lis.virginia.gov/vacode/54.1-3401/), devices as defined in § [54.1-3401](https://law.lis.virginia.gov/vacode/54.1-3401/), controlled paraphernalia as defined in § [54.1-3466](https://law.lis.virginia.gov/vacode/54.1-3466/), and other supplies and equipment available over-the-counter, covered by the patient's health carrier when the patient's out-of-pocket cost is lower than the out-of-pocket cost to purchase an over-the-counter equivalent of the same drug, device, controlled paraphernalia, or other supplies or equipment;

7. Vaccines included on the Immunization Schedule published by the Centers for Disease Control and Prevention or that have a current emergency use authorization from the U.S. Food and Drug Administration;

8. Tuberculin purified protein derivative for tuberculosis testing; and

9. Controlled substances for the prevention of human immunodeficiency virus, including controlled substances prescribed for pre-exposure and post-exposure prophylaxis pursuant to guidelines and recommendations of the Centers for Disease Control and Prevention.

B. A pharmacist who initiates treatment with or dispenses or administers a drug or device pursuant to this section shall notify the patient's primary health care provider that the pharmacist has initiated treatment with such drug or device or that such drug or device has been dispensed or administered to the patient, provided that the patient consents to such notification. If the patient does not have a primary health care provider, the pharmacist shall counsel the patient regarding the benefits of establishing a relationship with a primary health care provider and, upon request, provide information regarding primary health care providers, including federally qualified health centers, free clinics, or local health departments serving the area in which the patient is located. If the pharmacist is initiating treatment with, dispensing, or administering injectable or self-administered hormonal contraceptives, the pharmacist shall counsel the patient regarding seeking preventative care, including (i) routine well-woman visits, (ii) testing for sexually transmitted infections, and (iii) pap smears.

C. A pharmacist who administers a vaccination pursuant to subdivision A 7 shall report such administration to the Virginia Immunization Information System in accordance with the requirements of § [32.1-46.01](https://law.lis.virginia.gov/vacode/32.1-46.01/).

2020, c. [731](http://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+CHAP0731); 2021, Sp. Sess. I, c. [214](http://lis.virginia.gov/cgi-bin/legp604.exe?212+ful+CHAP0214).

## § 54.1-3304. Licensing of physicians to dispense drugs; renewals.

For good cause shown, the Board may grant a license to any physician licensed under the laws of Virginia authorizing such physician to dispense drugs to persons to whom a pharmaceutical service is not reasonably available. This license may be renewed annually. Any physician or osteopath so licensed shall be governed by the regulations of the Board of Pharmacy when applicable.

(1976, c. 614, § 54-524.34:1; 1980, c. 288; 1988, c. 765.)

## § 54.1-3304.1. Authority to license and regulate practitioners.

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

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

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

1988, c. 904, § 54-524.34:2; 1989, c. 510; 2015, c. [117](http://lis.virginia.gov/cgi-bin/legp604.exe?151+ful+CHAP0117); 2020, cc. [609](http://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+CHAP0609), [610](http://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+CHAP0610).

## § 54.1-3305. Board; membership; terms; meetings; quorum; officers.

The Board of Pharmacy shall consist of ten members, as follows: eight licensed pharmacists who are graduates of an approved school or college of pharmacy and two citizen members. The terms of office of the members shall be four years.

The Board shall meet at least annually at such times and places, and upon such notice as the Board may determine and as its business may require. A majority of the members of the Board shall constitute a quorum for the transaction of business.

The Board shall annually elect from its members a chairman.

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

(Code 1950, §§ 54-404, 54-405, 54-410, 54-412; 1958, c. 551; 1970, c. 650, §§ 54-524.5, 54-524.11; 1976, c. 614, § 54-524.13; 1986, c. 464, § 54-524.6; 1988, cc. 42, 765; 1994, c. 283; 2005, c. 70.)

## § 54.1-3306. Nominations.

Nominations may be made for each professional vacancy from a list of at least three names submitted to the Governor by the Virginia Pharmaceutical Association. The Governor may notify the Association of any professional vacancy other than by expiration. In no case shall the Governor be bound to make any appointment from among the nominees of the Association.

(Code 1950, § 54-406; 1958, c. 551; 1970, c. 650, § 54-524.7; 1986, c. 464; 1988, c. 765.)

## § 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 and 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.

9. Such other factors as may be relevant to, and consistent with, the public health and safety and the cost of rendering pharmacy services.

B. The Board may collect and examine specimens of drugs, devices, and cosmetics that are manufactured, distributed, stored, or dispensed in the Commonwealth.

Code 1950, §§ 54-415, 54-416.1; 1954, c. 396; 1958, c. 551, § 54-524.16; 1970, c. 650, § 54-524.18; 1972, c. 798; 1980, c. 288; 1988, c. 765; 1995, c. [529](http://lis.virginia.gov/cgi-bin/legp604.exe?951+ful+CHAP0529); 1996, cc. [37](http://lis.virginia.gov/cgi-bin/legp604.exe?961+ful+CHAP0037), [407](http://lis.virginia.gov/cgi-bin/legp604.exe?961+ful+CHAP0407); 2005, c. [777](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0777); 2006, c. [632](http://lis.virginia.gov/cgi-bin/legp604.exe?061+ful+CHAP0632); 2016, c. [221](http://lis.virginia.gov/cgi-bin/legp604.exe?161+ful+CHAP0221); 2020, c. [1166](http://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+CHAP1166); 2021, Sp. Sess. I, cc. [344](http://lis.virginia.gov/cgi-bin/legp604.exe?212+ful+CHAP0344), [345](http://lis.virginia.gov/cgi-bin/legp604.exe?212+ful+CHAP0345).

## § 54.1-3307.1.

Repealed by Acts 1997, c. 206.

## § 54.1-3307.2. Approval of innovative programs.

A. Any person who proposes to use a process or procedure related to the dispensing of drugs or devices or to the practice of pharmacy not specifically authorized by Chapter 33 (§ 54.1-3300 et seq.) of this title or by a regulation of the Board of Pharmacy may apply to the Board for approval to use such process or procedure. The application under this section may only include new processes or procedures, within the current scope of the practice of pharmacy, that relate to the form or format of prescriptions, the manner of transmitting prescriptions or prescription information, the manner of required recordkeeping, the use of unlicensed ancillary personnel in the dispensing process, and the use of new technologies in the dispensing process. The authority granted the Board under this section shall not authorize expansion of the current scope of practice for pharmacists and shall not interfere with the requirement that pharmacists only dispense drugs in accordance with instructions from a prescriber, as defined in § 54.1-3401.

B. The application to the Board shall address safety to the public regarding the new process or procedure, any potential benefit to the public, promotion of scientific or technical advances in the practice of pharmacy, compliance with prescriber's instructions for any drug dispensed, any impact the new process may have on the potential for diversion of drugs, maintenance in the integrity of and public confidence in the profession of pharmacy and of the drugs dispensed, impact on cost to the public and within the health care industry, means of monitoring the new process or procedure for any negative outcomes or other problems, and the reporting of such outcomes to the Board.

C. An informal conference committee, composed of not less than two members of the Board and in accordance with § 2.2-4019, shall receive and review the application and any investigative report requested by the committee. The committee shall have the authority to grant or deny approval of the request. The committee may grant approval of the request unconditionally or may impose conditions on the approval as follows:

1. The committee may grant approval for a finite period of time, after which time the applicant must provide additional information as requested by the committee in order to continue the approval;

2. The committee may require that ongoing reports concerning performance and problems be submitted; or

3. The committee may impose such other conditions as it deems necessary to provide assurance of public health and safety and accountability for controlled substances.

D. If an applicant does not agree with the decision of the committee, the applicant may request a hearing before the Board or a panel of the Board, in accordance with § 2.2-4020.

E. Application under this section shall be on a form provided by the Board and shall be accompanied by a fee determined by the Board.

(2000, c. 876.)

## § 54.1-3307.3. Waiver of requirements; declared disaster or state of emergency.

When the Governor has declared a disaster or a state of emergency pursuant to Chapter 3.2 (§ 44-146.13 et seq.) of Title 44 and it is necessary to permit the provision of needed drugs, devices, and pharmacy services to the citizens of the Commonwealth, the Board may waive the requirements of this chapter, the Drug Control Act (§ 54.1-3400 et seq.), and the Board's regulations governing the practice of pharmacy (18 VAC 110-20-10 et seq.). However, the Board shall not authorize the administering or dispensing of controlled substances by persons whose scope of practice does not include such authority.

(2003, c. 794.)

## § 54.1-3308. Power of inspection.

The members of the Board and their duly authorized agents shall have the power to inspect in a lawful manner the drugs, cosmetics and devices which are manufactured, stored or dispensed in the Commonwealth. For this purpose the Board shall have the right to enter and inspect during business hours any pharmacy, or any other place in Virginia where drugs, cosmetics or devices are manufactured, stored or dispensed. The Board shall report any evidence of violation of the provisions of this chapter or Chapter 34 (§ 54.1-3400 et seq.) of this title by practitioners for action to the appropriate licensing board. The report shall constitute a pending complaint upon which the appropriate licensing board shall initiate action within thirty days.

(Code 1950, § 54-417; 1958, c. 551; 1968, c. 582, § 54-524.19; 1970, c. 650; 1972, c. 798; 1976, c. 614; 1988, c. 765.)

## § 54.1-3309. Enforcement.

A. The Board or its agents are authorized upon presenting appropriate credentials and a written notice as to the purpose of the inspection to the owner, operator or agent in charge to enter at reasonable times any factory, warehouse or establishment in which drugs, devices or cosmetics are manufactured, processed, packed or held for introduction into commerce or to enter any vehicle being used to transport or hold such drugs, devices or cosmetics.

The Board or its agents are authorized to inspect such factory, warehouse, establishment or vehicle and all pertinent equipment, materials, containers and labeling.

In the case of any factory, warehouse, establishment or consulting laboratory in which prescription drugs are manufactured, processed, packed or held, the inspection shall extend to all things, including records, files, papers, processes, controls and facilities, bearing on compliance with Chapter 34 (§ 54.1-3400 et seq.) of this title.

No inspection authorized for prescription drugs shall extend to financial data, sales data other than shipment data, pricing data, personnel data, other than data as to qualifications of technical and professional personnel performing functions subject to this chapter, and research data.

Each inspection shall be commenced and completed with reasonable promptness. The Board or its agents shall have access to copy all records of carriers in commerce showing the movement in commerce of any drug, device, or cosmetic and the quantity, shipper and consignee. The evidence obtained under this section shall not be used in a criminal prosecution of the person from whom obtained; and carriers shall not be subject to the provisions of Chapter 34 by reason of their receipt, carriage, holding, or delivery of food, drugs, devices, or cosmetics in the usual course of business.

B. If the authorized agent inspecting a factory, warehouse or other establishment has obtained any sample in the course of the inspection, upon completion of the inspection and prior to leaving the premises, he shall give to the owner, operator, or agent in charge a receipt describing the samples.

(1970, c. 650, § 54-524.99; 1988, c. 765.)

## § 54.1-3310. Unlawful to practice without license.

Except as prescribed in this chapter or by Board regulations it shall be unlawful for any person to practice pharmacy, or to engage in, carry on, or be employed in the dispensing, or compounding of drugs within this Commonwealth unless licensed by the Board as a pharmacist. The possession by any person in any place of a miscellaneous stock of drugs shall be prima facie evidence that such person is practicing pharmacy.

(Code 1950, § 54-475; 1970, c. 650; 1976, c. 614, § 54-524.48; 1988, c. 765.)

## § 54.1-3311. Application and examination.

Every person desiring to be licensed as a pharmacist shall file with the executive director of the Board an application, verified under oath, setting forth the name and age of the applicant, the place or places at which, and the time spent in, the study of pharmacy, and other information required by the Board.

The Board shall conduct examinations of applicants for licensure at least twice a calendar year.

(Code 1950, §§ 54-420, 54-423; 1958, c. 551; 1970, c. 650, §§ 54-524.23, 54-524.25; 1972, c. 798; 1976, c. 614; 1980, c. 288; 1988, c. 765.)

## § 54.1-3312. Qualifications of pharmacist; approved school of pharmacy defined.

A. In order to be licensed as a pharmacist within the meaning of this chapter, an applicant shall present to the Board satisfactory evidence that he:

1. Is at least eighteen years of age;

2. Is of good moral character;

3. Is a graduate of a school of pharmacy approved by the Board, or a foreign college of pharmacy, if the graduate has satisfactorily completed (i) a college of pharmacy equivalency examination program approved by the Board and (ii) written and oral communication ability tests of the English language approved by the Board;

4. Has had a period of practical experience in the United States in accordance with the Board's regulations; however, such requirement shall not exceed twelve months; and

5. Has passed the examination prescribed by the Board.

B. As used in this article, an approved school of pharmacy shall be an institution which meets the minimum standards of the American Council on Pharmaceutical Education and appears on the Council's list of schools of pharmacy as published annually.

(Code 1950, § 54-422; 1952, c. 230; 1958, c. 551, § 54-524.21; 1970, c. 650; 1972, cc. 798, 824; 1974, c. 686; 1976, c. 614; 1988, c. 765; 1994, c. 657.)

## § 54.1-3313. Licensure by endorsement.

The Board of Pharmacy may issue a license by endorsement, without examination, except as provided in this section, to practice pharmacy to persons who hold a current and unrestricted license as pharmacists in other states, the District of Columbia or possessions or territories of the United States. The applicant for such license shall present satisfactory evidence of the qualifications equal to those required of applicants for licensure by examination in Virginia and that he was licensed by examination by the board of pharmacy in such other jurisdiction. The standard of competence required in such other jurisdiction shall not be lower than that required in Virginia.

Prior to the issuance of a license, the Board may require applicants for licensure by endorsement to pass an examination on Virginia drug laws and Board of Pharmacy regulations equal to that required of applicants for licensure by examination in Virginia.

(Code 1950, § 54-423.1; 1958, c. 551; 1970, c. 650, § 54-524.26; 1976, c. 614; 1980, c. 288; 1988, cc. 251, 765; 1990, c. 269.)

## § 54.1-3314. Display of license.

Every person licensed to practice as a pharmacist must at all times display his license conspicuously in the place in which he regularly practices.

(Code 1950, § 54-431; 1958, c. 551; 1970, c. 650, § 54-524.30; 1988, c. 765.)

## § 54.1-3314.1. Continuing education requirements; exemptions; extensions; procedures; out-of-state licensees; nonpractice licenses.

A. Each pharmacist shall have obtained a minimum of 15 continuing education hours of pharmaceutical education through an approved continuing pharmaceutical education program during the year immediately preceding his license renewal date.

B. An approved continuing pharmaceutical education program shall be any program approved by the Board.

C. Pharmacists who have been initially licensed by the Board during the one year preceding the license renewal date shall not be required to comply with the requirement on the first license renewal date that would immediately follow.

D. The Board may grant an exemption from the continuing education requirement if the pharmacist presents evidence that failure to comply was due to circumstances beyond the control of the pharmacist.

E. Upon the written request of a pharmacist, the Board may grant an extension of one year in order for a pharmacist to fulfill the continuing education requirements for the period of time in question. Such extension shall not relieve the pharmacist of complying with the continuing education requirement for the current period.

F. The pharmacist shall attest to the fact that he has completed the continuing education requirements as specified by the Board.

G. The following shall apply to the requirements for continuing pharmaceutical education:

1. The provider of an approved continuing education program shall issue to each pharmacist who has successfully completed a program certification that the pharmacist has completed a specified number of hours.

2. The certificates so issued to the pharmacist shall be maintained by the pharmacist for a period of two years following the renewal of his license.

3. The pharmacist shall provide the Board, upon request, with certification of completion of continuing education programs in a manner to be determined by the Board.

H. Pharmacists who are also licensed in other states and who have obtained a minimum of fifteen hours of approved continuing education requirements of such other states need not obtain additional hours.

I. The Board shall provide for an inactive status for those pharmacists who do not wish to practice in Virginia. The Board shall require upon request for change from inactive to active status proof of continuing education hours as specified in regulations. No person shall practice in Virginia unless he holds a current active license.

J. As part of the annual 15-hour requirement, the Board may require up to two hours of continuing education in a specific subject area. If the Board designates a subject area for continuing education, it shall publish such requirement no later than January 1 of the calendar year for which the specific continuing education is required.

(1992, c. 868; 2008, c. 672.)

## § 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.

(1972, c. 798, § 54-524.22:1; 1976, c. 614; 1977, c. 86; 1982, c. 401; 1988, c. 765; 1992, c. 868; 1994, c. 296; 2007, c. 662.)

## § 54.1-3318. Notification of revocation.

Whenever the Board revokes the license of any pharmacist, it shall notify the licensee of such action, and he shall immediately deliver his license to the Board or its representative.

(Code 1950, § 54-427; 1970, c. 650, § 54-524.28; 1988, c. 765.)

## § 54.1-3319. Counseling.

A. A pharmacist shall conduct a prospective drug review before each new prescription is dispensed or delivered to a patient or a person acting on behalf of the patient. Such review shall include screening for potential drug therapy problems due to therapeutic duplication, drug-disease contraindications, drug-drug interactions, including serious interactions with nonprescription or over-the-counter drugs, incorrect drug dosage or duration of drug treatment, drug-allergy interactions, and clinical abuse or misuse. A pharmacist may conduct a prospective drug review before refilling a prescription to the extent the pharmacist deems appropriate in his professional judgment.

B. A pharmacist shall offer to counsel any person who presents a new prescription for filling. The offer to counsel may be made in any manner the pharmacist deems appropriate in his professional judgment, and may include any one or a combination of the following:

1. Face-to-face communication with the pharmacist or the pharmacist's designee;

2. A sign posted in such a manner that it can be seen by patients;

3. A notation affixed to or written on the bag in which the prescription is to be delivered;

4. A notation contained on the prescription container; or

5. By telephone.

For the purposes of medical assistance and other third-party reimbursement or payment programs, any of the above methods, or a combination thereof, shall constitute an acceptable offer to provide counseling, except to the extent this subsection is inconsistent with regulations promulgated by the federal Health Care Financing Administration governing 42 U.S.C. § 1396r-8 (g) (2) (A) (ii). A pharmacist may offer to counsel any person who receives a refill of a prescription to the extent deemed appropriate by the pharmacist in his professional judgment.

C. If the offer to counsel is accepted, the pharmacist shall counsel the person presenting the prescription to the extent the pharmacist deems appropriate in his professional judgment. Such counseling shall be performed by the pharmacist himself and may, but need not, include the following:

1. The name and description of the medication;

2. The dosage form, dosage, route of administration, and duration of drug therapy;

3. Special directions and precautions for preparation, administration, and use by the patient;

4. Common adverse or severe side effects or interactions and therapeutic contraindications that may be encountered, including their avoidance, and the action required if they occur;

5. Techniques for self-monitoring drug therapy;

6. Proper storage;

7. Prescription refill information; and

8. Action to be taken in the event of a missed dose.

Nothing in this section shall be construed as requiring a pharmacist to provide counseling when the person presenting the prescription fails to accept the pharmacist's offer to counsel. If the prescription is delivered to a person residing outside of the local telephone calling area of the pharmacy, the pharmacist shall either provide a toll-free telephone number or accept reasonable collect calls from such person.

D. Reasonable efforts shall be made to obtain, record, and maintain the following patient information generated at the individual pharmacy:

1. Name, address, telephone number, date of birth or age, and gender;

2. Individual history where significant, including known allergies and drug reactions, and a comprehensive list of medications and relevant devices; and

3. Any additional comments relevant to the patient's drug use, including any failure to accept the pharmacist's offer to counsel.

Such information may be recorded in the patient's manual or electronic profile, or in the prescription signature log, or in any other system of records and may be considered by the pharmacist in the exercise of his professional judgment concerning both the offer to counsel and content of counseling. The absence of any record of a failure to accept the pharmacist's offer to counsel shall be presumed to signify that such offer was accepted and that such counseling was provided.

E. This section shall not apply to any drug dispensed to an inpatient of a hospital or nursing home, except to the extent required by regulations promulgated by the federal Health Care Financing Administration implementing 42 U.S.C. § 1396r-8 (g) (2) (A).

(1992, c. 689.)

## § 54.1-3320. Acts restricted to pharmacists.

A. Within the practice of pharmacy as defined in § 54.1-3300, the following acts shall be performed by pharmacists, except as provided in subsection B:

1. The review of a prescription, in conformance with this chapter and Chapter 34 (§ 54.1-3400 et seq.) of this title and with current practices in pharmacy, for its completeness, validity, safety, and drug-therapy appropriateness, including, but not limited to, interactions, contraindications, adverse effects, incorrect dosage or duration of treatment, clinical misuse or abuse, and noncompliance and duplication of therapy;

2. The receipt of an oral prescription from a practitioner or his authorized agent;

3. The conduct of a prospective drug review and counseling as required by § 54.1-3319 prior to the dispensing or refilling of any prescription;

4. The provision of information to the public or to a practitioner concerning the therapeutic value and use of drugs in the treatment and prevention of disease;

5. The communication with the prescriber, or the prescriber's agent, involving any modification other than refill authorization of a prescription or of any drug therapy, resolution of any drug therapy problem, or the substitution of any drug prescribed;

6. The verification of the accuracy of a completed prescription prior to dispensing the prescription;

7. The supervision of pharmacy interns and pharmacy technicians; and

8. Any other activity required by regulation to be performed by a pharmacist.

B. A pharmacy intern may engage in the acts to be performed by a pharmacist as set forth in subsection A or the Drug Control Act (§ 54.1-3400 et seq.) for the purpose of obtaining practical experience required for licensure as a pharmacist, if the supervising pharmacist is directly monitoring these activities.

C. A registered pharmacy technician, working under the direct supervision of a qualified nuclear pharmacist, as defined by regulations of the Board, may accept oral prescriptions for diagnostic, nonpatient specific radiopharmaceuticals in accordance with subsection C of § 54.1-3410.1.

D. Consistent with patient safety, a pharmacist shall exercise sole authority in determining the maximum number of pharmacy technicians that he shall supervise; however, no pharmacist shall supervise more pharmacy technicians than allowed by Board regulations.

(2001, c. 317; 2005, c. 403; 2006, c. 626; 2010, c. 90.)

## § 54.1-3321. Registration of pharmacy technicians.

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

1. The entry of prescription information and drug history into a data system or other record keeping system;

2. The preparation of prescription labels or patient information;

3. The removal of the drug to be dispensed from inventory;

4. The counting, measuring, or compounding of the drug to be dispensed;

5. The packaging and labeling of the drug to be dispensed and the repackaging thereof;

6. The stocking or loading of automated dispensing devices or other devices used in the dispensing process;

7. The acceptance of refill authorization from a prescriber or his authorized agency, so long as there is no change to the original prescription; and

8. The performance of any other task restricted to pharmacy technicians by the Board's regulations.

B. To be registered as a pharmacy technician, a person shall submit :

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

2. (Effective July 1, 2022) Evidence that he has successfully completed a training program that is (i) an accredited training program, including an accredited training program operated through the Department of Education's Career and Technical Education program or approved by the Board, or (ii) operated through a federal agency or branch of the military; and

3. Evidence that he has successfully passed a national certification examination administered by the Pharmacy Technician Certification Board or the National Healthcareer Association.

C. The Board shall promulgate regulations establishing requirements for :

1. Issuance of a registration as a pharmacy technician to a person who, prior to the effective date of such regulations, (i) successfully completed or was enrolled in a Board-approved pharmacy technician training program or (ii) passed a national certification examination required by the Board but did not complete a Board-approved pharmacy technician training program;

2. Issuance of a registration as a pharmacy technician to a person who (i) has previously practiced as a pharmacy technician in another U.S. jurisdiction and (ii) has passed a national certification examination required by the Board; and

3. Evidence of continued competency as a condition of renewal of a registration as a pharmacy technician.

D. The Board shall waive the initial registration fee for a pharmacy technician applicant who works as a pharmacy technician exclusively in a free clinic pharmacy. A person registered pursuant to this subsection shall be issued a limited-use registration. A pharmacy technician with a limited-use registration shall not perform pharmacy technician tasks in any setting other than a free clinic pharmacy. The Board shall also waive renewal fees for such limited-use registrations. A pharmacy technician with a limited-use registration may convert to an unlimited registration by paying the current renewal fee.

E. Any person registered as a pharmacy technician prior to the effective date of regulations implementing the provisions of this section shall not be required to comply with the requirements of subsection B in order to maintain or renew registration as a pharmacy technician.

F. A pharmacy technician trainee enrolled in a training program for pharmacy technicians described in subdivision B 2 may engage in the acts set forth in subsection A for the purpose of obtaining practical experience required for completion of the training program, so long as such activities are directly monitored by a supervising pharmacist.

G. To be registered as a pharmacy technician trainee, a person shall submit an application and a fee specified in regulations of the Board. Such registration shall only be valid while the person is enrolled in a pharmacy technician training program described in subsection B and actively progressing toward completion of such program. A registration card issued pursuant to this section shall be invalid and shall be returned to the Board if such person fails to enroll in a pharmacy technician training program described in subsection B.

H. A pharmacy intern may perform the duties set forth for pharmacy technicians in subsection A when registered with the Board for the purpose of gaining the practical experience required to apply for licensure as a pharmacist.

2001, c. [317](http://lis.virginia.gov/cgi-bin/legp604.exe?011+ful+CHAP0317); 2004, c. [47](http://lis.virginia.gov/cgi-bin/legp604.exe?041+ful+CHAP0047); 2020, cc. [102](http://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+CHAP0102), [237](http://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+CHAP0237).

## § 54.1-3322. Repealed.

Repealed by Acts 2007, c. [662](http://lis.virginia.gov/cgi-bin/legp604.exe?071+ful+CHAP0662), cl. 2.