



WEST VIRGINIA BOARD OF PHARMACY

newsletter to promote pharmacy and drug law compliance

2022 West Virginia Legislative Session Update

The 2022 West Virginia Legislative Session included numerous changes for pharmacy practice in West Virginia, both via rule and statute. This *Newsletter* provides a summary of these changes. The documents may be viewed in their entirety on the West Virginia Legislature website, the West Virginia Secretary of State's website, or in the *2022 West Virginia Pharmacy Law Book*, which will be released this fall.

Legislative Rules §15-1-4, §15-8, §15-16, and §15-19 – Effective April 14, 2022

- Within **§15-1-4 General Rules of Practice of Pharmacy**, the change clarifies that pharmacists and pharmacy interns are no longer required to wear a white lab coat while practicing pharmacist care. However, if anyone in the pharmacy chooses to wear a lab coat, only the pharmacist or pharmacy intern may wear a white lab coat. Pharmacy technicians, trainees, pharmacy interns, cashiers, and pharmacists must wear a name tag with name and job designation.
- The rules related to the law change from last year requiring pharmacists to check the West Virginia Controlled Substances Monitoring Program (CSMP) have gone into effect. These require a pharmacist to access the CSMP database for information regarding specific patients upon initially dispensing any Schedule II controlled substance (CS), any opioid, or any benzodiazepine to a patient who is not suffering from a terminal illness. At least annually thereafter, the pharmacist should continue to dispense CS to the patient. This is identical to the requirements for the other categories of prescribers who are required to check the CSMP.

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- In §15-16, a pharmacist license renewal fee for those 65 and older is reduced from \$100 to \$50.
- The new **Pharmacy Inspections rule (§15-19)** is an emergency rule that describes the inspection process for the Board. An inspector for the Board shall have at least 10 years of pharmacy practice experience and complete training as required in the Board's training manual to include the national investigator and inspector training basic course and the National Association of Boards of Pharmacy®/CriticalPoint Certification in Sterile Compounding for Inspectors. The state will be divided into regions with approximately the same number of licensed facilities, and an inspector will be assigned to each region. Inspections will be conducted within 90 days of when the scheduled inspection is due unless there are unavoidable circumstances. The inspector will schedule the inspection at least one week in advance of the inspection, and there may also be pop-in inspections. All forms for inspections will be available on the Board website. Completed inspections will be reviewed by the chief compliance officer within 90 days of the inspection, along with noncompliance reports. Unresolved noncompliance reports will be referred to the Complaint Committee of the Board. Most licensees are inspected annually, while those with only a CS permit and no other permit or license will be inspected biennially.

House Bill 2817 Donated Drug Repository

The **Donated Drug Repository bill**, while effective June 9, 2022, will need to have rules written to truly implement this new law. It allows the donation of drugs (prescription and nonprescription) from donors, including an individual member of the public, wholesaler, distributor, manufacturer, third-party logistics provider, pharmacy, dispenser, and others. These donations can be made to eligible recipients who have notified the Board that they are going to participate in the donated drug repository program and its laws and rules. Eligible recipients include pharmacies, wholesalers, reverse distributors, hospitals, federally qualified health centers, nonprofit clinics, health care facilities, an entity participating in a similar program in another state, or a private office of a health care professional that has been authorized by the Board. These drugs may be dispensed to eligible patients, including those whose income is at or below the income eligibility requirements of the West Virginia Medicaid program, or someone who is uninsured, underinsured, or enrolled in a public assistance health benefit program. The program requires specific record keeping, counseling, storage, and patient notification. A handling fee may be charged, but the drugs may not be sold.

House Bill 4324 Collaborative Pharmacy Practice

The **Collaborative Pharmacy Practice update bill** overhauls the collaborative practice process. Prior to the new bill passing, each agreement had to be approved by all three boards (medicine, pharmacy, and osteopathic medicine). Now, the pharmacist applies to be permitted to enter into the agreement by showing they meet the statutory criteria. Once this is approved, the pharmacist and physician (or group of pharmacists and physicians) simply complete the provided notification form, notifying the

Board of Pharmacy that they are entering into the collaborative practice agreement. The protocol and agreement itself do not have to be approved by the boards. The Board of Pharmacy will provide notification to the respective boards of medicine and osteopathic medicine. Should you have questions about the process, please reach out to Krista Capehart at krista.d.capehart@wv.gov.

House Bill 4112 Provides Consumers a Choice for Pharmacy Services

The **Consumer's Choice bill** is a bill that is regulated by the Office of the Insurance Commissioner to help protect a patient's choice of pharmacies. It allows a pharmacy or patient to file a complaint with the insurance commissioner should they feel this law is being violated.

Second Special Session House Bill 214 Relating to Prescriptive Authority

This **bill** expands physician assistant (PA) and nurse practitioner (NP) prescriptive authority. Their ability to prescribe Schedule II narcotic medications is limited to three days. There are no limits to their ability to prescribe Schedule II nonnarcotic medications and Schedule III-V medications. They can also provide refills for Schedule III-V. Also, the classes of medications that a PA and NP were not permitted to prescribe (antineoplastics, etc) no longer exist. They may now prescribe these medications.

West Virginia COVID-19 Waivers

Currently, the West Virginia coronavirus disease 2019 (COVID-19) waivers put in place remain, except for the live continuing education (CE) requirement. The six-hour live CE requirement is back in place to renew your pharmacist license.

Federal COVID-19 PREP Act

The federal COVID-19 state of emergency has been extended to October 15, 2022. Thus, the Public Readiness and Emergency Preparedness Act (PREP Act) declarations are still in effect. Should this change, the Board will notify licensees as soon as possible.

Utilization of Naloxone Protocol/Standing Order to Dispense Naloxone Without a Prescription

There have been numerous questions regarding a pharmacist's ability to provide naloxone to individuals without a prescription. West Virginia law changed in 2016 to permit a pharmacist to provide naloxone to essentially anyone requesting it under two different mechanisms. These can be found on the Board [website](#).

First, a pharmacist may dispense naloxone under their own name utilizing the protocol listed on the Board's website. This includes the handouts and the required counseling, which cannot be declined.

Second, a pharmacist may dispense naloxone under the state health officer's name, Dr Ayne Amjad, and the standing order posted on the website. There are limited products listed to be dispensed under this protocol, and counseling is required (it cannot be declined).

Provision of Self-Administered Hormonal Contraception

As a reminder, pharmacists are permitted to provide self-administered hormonal contraception (birth control) under the statewide standing order from the State Health Officer Dr Amjad. The pharmacist must complete the training listed on the Board's [website](#) and send the completed certificate to Krista Capehart at krista.d.capehart@wv.gov. Your license will be updated, and you can begin offering this service. Additional questions can be directed to Dr Capehart's email.

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West Virginia Board of Pharmacy

Lemrey "Al" Carter, PharmD, MS, RPh - National News Editor & Executive Editor

Megan Pellegrini - Publications and Editorial Manager

2310 Kanawha Blvd E | Charleston, WV 25311 | www.wvbop.com
