JULY 2026

NORTH CAROLINA BOARD OF PHARMACY

Newsletter to Promote Pharmacy and Drug Law Compliance.

Item 2536 – Rule Amendment Creates Additional Pathways for Validating Technicians in Health Care Facility Pharmacies

In 2011, the North Carolina Board of Pharmacy rule 21 North Carolina Administrative Code (NCAC) 46.1418 created a category of "Validating Technician," authorized in inpatient hospitals only, to validate certain tasks completed by other technicians. Effective May 1, 2026, amendments to the rule: (1) expanded the facilities in which validating technicians may practice; (2) created additional pathways to qualify as a validating technician; and (3) expanded validating technician authority.

Facilities: Validating technicians may now practice in any health care facility pharmacy, which means a pharmacy providing services to "one of the following organizations whose primary purpose is to provide a physical environment for patients to obtain health care services: a hospital, a long-term care facility, a mental health facility, a drug abuse treatment center, an assisted living facility, an ambulatory surgical center, a penal institution, or a hospice [facility]," according to 21 NCAC 46.1317(7)&(8).

Qualifications: All validating technicians must be registered with the Board and hold national certification, per 21 NCAC 46.1418(a)(1)&(2). A validating technician may still qualify for that credential by holding an associate's degree in pharmacy technology, per 21 NCAC 46.1418(a)(4)(A).

However, the amendments create an additional pathway. A registered, certified technician who holds a current advanced certified pharmacy technician (CPhT-Adv)

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credential from the Pharmacy Technician Certification Board (PTCB) and a current PTCB Technician Product Verification Certificate, either as part of or in addition to the CPhT-Adv credential, is eligible for Validating Technician status, as stated in 21 NCAC 46.1418(a)(4)(B).

Authority: 21 NCAC 46.1418(b) retains all authorities that validating technicians could previously exercise and adds some additional ones. Validating technicians may validate the following functions at a health care facility pharmacy:

- Stocking of patient care unit medication inventories
- Stocking of ancillary drug cabinet inventories
- Stocking of automated dispensing or drug supply devices
- Stocking of emergency kits
- Prepackaging of prescription drugs within the health care facility pharmacy
- Selection of the correct dose by an automated medication system that has been stocked and restocked in compliance with 21 NCAC 46.3404, **if** a pharmacist has performed a drug regimen review to ensure that dispensing the order is safe and effective for the patient; the requirements of 21 NCAC 46.1414 governing auxiliary medication inventories in health care facilities have been met; and the order has not changed following the drug regimen review
- Preparation of a product by an automated compounding device (To perform this task, a PTCB-certified, qualified validating technician must hold a current PTCB-certified compounded sterile preparation technician credential. A validating technician with an associate's degree does not have to hold this credential.)
- Preparation and repackaging by other registered pharmacy technicians of nonsterile, low-risk products that are compounded in multi-patient volume and whose composition does not vary by patient (To perform this task, a PTCB-certified, qualified validating technician must hold a current PTCB Nonsterile Compounding Certificate, either as part of or in addition to the CPhT-Adv credential. A validating technician with an associate's degree does not have to hold this credential.)

Item 2537 – Board Rulemakings Underway Concerning Prescription Transfers, Alternate Delivery Sites, and Standardized Orders

At press time, the Board published three proposed rulemakings for notice and comment. The comment periods closed on June 15, 2026, and the Board is likely to consider final action at its July 2026 meeting. Changes to 21 NCAC 46 follow:

Amendment to .1806, Transfer of Prescriptions – The Board has proposed revisions of the requirements for transferring prescriptions from one pharmacy to another. The rule was last revised when paper prescriptions predominated, and the requirements were written in that framework. The Board has proposed to update those requirements. The proposed

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amendment further streamlines the requirements, removing ones that are no longer necessary to protect public health, safety, and welfare.

Adoption of .1822; Amendments to .1616, .1821, and .2516, Alternate Delivery Sites – The Board has proposed adoption of a rule (21 NCAC 46.1822) that would permit a pharmacy to deliver prescriptions that have been fully filled and labeled for specific patients by having certain pharmacy personnel deliver them at a fixed alternate delivery site.

This rule change was originally proposed by a pharmacist as a method of facilitating service to remote locations that cannot support a pharmacy. The requirements of the proposed rule largely track the requirements for direct-to-patient locker and kiosk systems, which the Board adopted in 2023. There are proposed conforming changes to (a) the limited service permit rule to provide for permitting and inspection of the alternate delivery site; (b) the direct-to-patient delivery system rule to acknowledge the new rule; and (c) the pharmacy emergency closure rule to provide for delivery of filled prescriptions to a pharmacy's nearby alternate delivery site if the pharmacy is subject to emergency closure, so that patients can have the choice to retrieve drugs during that closure.

Adoption of .1420, Standardized Orders – The Board has proposed adopting a rule to accommodate standardized orders in health care pharmacy settings (such as hospitals and long-term care facilities). Standardized orders are ones that allow a health care facility pharmacist manager to establish criteria for ordering medications that are determined to be safe for all patients meeting those criteria, regardless of any drugs, supplements, or other substances that might have been consumed by those patients. Because of the absence of any relevant distinction among those patients, the medications would be able to be dispensed without a patient-specific drug regimen review being performed.

All Board rulemaking proceedings are published here.

Item 2538 – Board Advances Rulemaking to Implement Flu Test-To-Treat Authority

At the May 2026 meeting, the Board voted to adopt new rule 21 NCAC 46.2517, Influenza Test and Treat. Session Law 2025-37 authorized pharmacists to test and treat patients for influenza. That authority was first implemented by two standing orders issued by the state health director, Dr Lawrence Greenblatt, on September 30, 2025, after input from stakeholders. Pharmacists have implemented the standing orders since then, with no reported incidents.

Following the issuance of the standing orders, the Session Law directed the Board of Pharmacy and the North Carolina Medical Board to adopt rules and protocols. Each Board proposed adopting protocols that are substantively identical to the standing orders, and proposed rules that incorporate the protocols by reference. The proposed rule language is found here.

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The new rule now moves to the Rules Review Commission (RRC) for review. If the RRC approves the rule, it has a proposed effective date of August 1, 2026. Board staff will update practitioners as the process unwinds. In the meantime, pharmacists may continue to provide this service under Dr Greenblatt's statewide standing order.

Item 2539 – Guide to North Carolina Pharmacy Regulation for New Licensees

Effective April 1, 2026, the Board transitioned to the uniform version of the Multistate Pharmacy Jurisprudence Examination® (MPJE®), the Uniform MPJE™ (UMPJE™), as a condition for pharmacist licensure. As part of that transition, Board staff published a Guide to North Carolina-Specific Pharmacy Regulation for New Licensees.

The guide provides an overview of state-specific regulation that is not tested by the UMPJE, but that new practitioners must be familiar with for safe and competent practice. The guide, along with the many informational resources available on the Board's website, may also be a useful summary/quick reference for all practitioners.

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