

NORTH CAROLINA BOARD OF PHARMACY

*Newsletter to Promote Pharmacy
and Drug Law Compliance.*

Item 2540 – Board Completes Rulemakings on Prescription Transfers, Standardized Orders, and Alternate Delivery Sites

Amendments to the Prescription Transfer Rule. 21 North Carolina Administrative Code (NCAC) 46.1806 sets forth requirements for prescription transfers. The amendments accomplished two goals: 1) improving the language of the rule to reflect current pharmacy practices and communication; and 2) simplifying the rule to make its requirements clearer and more limited to those necessary to ensure the safe and accurate transfer of prescription information among pharmacies. The revised language is available on the Board's website.

New "Standardized Orders" Rule. New rule 21 NCAC 46.1420 authorizes the pharmacist

manager at a health care facility to oversee the development of standardized order sets that, owing to their safety and effectiveness for all patients who meet criteria established for such order sets, would allow dispensing without an individual review for that patient. The new rule and a frequently asked questions (FAQs) document are available on the Board's website.

New "Alternate Delivery Site" Rule. New rule 21 NCAC 46.1822 authorizes community pharmacies, via a limited-service permit mechanism, to establish an "alternate delivery site" located within 60 miles of a full-service, overseeing pharmacy permit. An alternate delivery site

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would provide final delivery of pharmacist-prepared and -verified prescription drugs to patients and would be staffed by either a pharmacist or a certified pharmacy

technician who is an employee of the pharmacy. The new rule and an FAQs document are available on the Board's website.

Item 2541 – Pharmacist Administration of Vaccines in Fall 2026

Pharmacists have asked – particularly due to confusion about the Advisory Committee on Immunization Practices' (ACIP's) current composition and operation – whether they may continue to administer fall vaccines by protocol under the North Carolina Pharmacy Practice Act. **The answer is yes.** Pharmacist authority to administer the influenza vaccine is **not** tied to ACIP recommendations. Pharmacist authority to administer the COVID-19 vaccine is tied to these recommendations, but the October 2025 ACIP-issued and Centers for Disease Control and Prevention (CDC)-adopted recommendations concerning COVID-19 vaccinations have not been rescinded or modified. Accordingly, the Board's October 2025 statement (repeated below) concerning the Pharmacy Practice Act's terms remains current. A more comprehensive detailing of pharmacists' overall vaccination authority is located [here](#).

1. **Prescription-Based Administration of Flu or COVID-19 Vaccine to Patients Ages 18 and Older.** The Pharmacy Practice Act grants immunizing pharmacists the authority to administer vaccines, according to North Carolina General Statutes (NCGS) §90-85.15B. An immunizing pharmacist may

“administer vaccinations or immunizations to persons at least 18 years of age, pursuant to a specific prescription,” per NCGS §90-15.15B(a). Accordingly, a pharmacist may administer the influenza or COVID-19 vaccine to any patient over age 18 upon receiving a prescription to do so.

2. **Protocol-Based Administration of Flu and COVID-19 Vaccine to Adults Ages 18 and Up, as well as Pediatric Patients Ages Seven to 18.** The Pharmacy Practice Act authorizes immunizing pharmacists to administer the influenza vaccine to patients ages 18 or older, pursuant to protocol NCGS §90-85.15B(a1), and patients ages seven to 18 by protocol and with parental or legal guardian permission, per NCGS §90-85.15B(b1).

Pharmacists may administer the “COVID-19 vaccine recommended by ACIP” by protocol to the same patient populations. In October 2025, CDC accepted ACIP's recommendation that the COVID-19 vaccine be administered by health care providers pursuant to shared clinical decision making, which “means that the clinical decision

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to vaccinate should be based on patient characteristics that unlike age are difficult to incorporate in recommendations, including risk factors for the underlying disease as well as the characteristics of the vaccine itself and the best available evidence of who may benefit from vaccination.” ACIP’s recommendation “emphasized that the risk-benefit of vaccination in individuals under age 65 is most favorable for those who are at an increased risk for severe COVID-19 and lowest for individuals who are not at increased risk.” CDC advises the following for providers presented with a request for a vaccine: “Some health care providers may choose to discuss immunizations recommended for shared clinical decision-making with all or most of their patients who could receive it, while some providers may be more selective when discussing these immunizations with their patients. Health care providers should also be receptive to patient-initiated conversations about these immunizations.” More information about the shared clinical decision-making process is located [here](#).

COVID-19 vaccination is recommended for every patient 65 or older who wishes to obtain it.

3. **Pharmacist-Ordered and -Administered Flu and COVID-19 Vaccine to Patients Ages Three and Up, Pursuant to the Public Readiness and Emergency Preparedness Act (PREP Act).** Federal PREP Act declarations continue to authorize qualified pharmacists to “order and administer vaccines that CDC/ACIP recommend to persons ages three through 18.” Pharmacists may continue to exercise this broader PREP Act authority, which preempts more restrictive state law authority, through December 31, 2029. Pharmacists should engage in the same shared clinical decision-making process described above.
4. **Prescription-Based Administration of Flu and COVID-19 Vaccine to Patients Ages Six to 18.** The Pharmacy Practice Act authorizes immunizing pharmacists to administer vaccines to patients ages six to 18 pursuant to prescription order “in accordance with recommendations by ACIP,” per NCGS §90-85.15(c). Board staff advises that pharmacists may treat the issuance of a prescription to patients ages six to 18 as evidence that the prescriber and patient/parent/guardian have already engaged in shared clinical decision making.

Item 2542 – Board Member Elections for the Northern and Western Districts

The Board of Pharmacy consists of [six members](#) (five actively licensed pharmacists and one public member). Pharmacist members of the Board are elected from five

geographic areas of the state, and the public member is appointed and commissioned by the governor. Board members serve five-year terms and may serve no

more than two consecutive five-year terms. Eligible voters include all pharmacists actively licensed and residing in North Carolina on

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October 31 of the year the election begins, as stated in [NCGS §90-85.7](#).

The next Board election will begin on November 1, 2026, and will be conducted for two positions: the northern district position, presently held by Keith Vance, and the western district position, presently held by Chris Sain.

Dr Vance is currently serving his second consecutive five-year term and is thus term limited. Dr Sain is currently serving his first term and is eligible to run in this upcoming election.

The northern district comprises Alamance, Caswell, Forsyth,

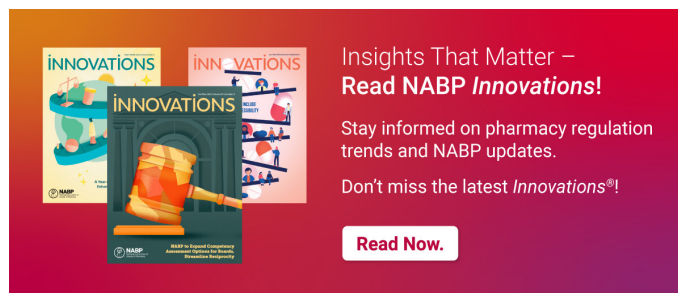
Guilford, Orange, Person, Rockingham, Stokes, Surry, and Yadkin Counties.

The western district comprises Alexander, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Cherokee, Clay, Cleveland, Gaston, Graham, Haywood, Henderson, Jackson, Lincoln, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, and Yancey Counties.

Board staff hosted candidate interest sessions in August in Chapel Hill, NC, and Hickory, NC. October 1, 2026, was the

deadline for a candidate to submit their notice of intent to run and a supporting petition signed by at least 10 pharmacists who reside in that district. Candidate biographies and more information about the election, which will run concurrently with the license renewal window (and late renewal window) of November 1, 2026, through March 1, 2027, will be available on the Board website.

Feel free to reach out to [Kristin Moore](#) for additional information.



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