NOVEMBER 2026

WASHINGTON STATE PHARMACY QUALITY ASSURANCE COMMISSION

Newsletter to Promote Pharmacy and Drug Law Compliance.

Accreditation of Schools or Colleges of Pharmacy (CR-101) Filing

The Washington State Pharmacy Quality Assurance Commission (Commission) filed a rulemaking inquiry package (CR-101) under Washington State Register (WSR) 26-15-108 on July 21, 2026, to consider amending Washington Administrative Code (WAC) 246-945-155, WAC 246-945-162, WAC 246-945-163, and adding a new section in Chapter 246-945 WAC, if necessary, to codify the Commission's recognized accreditation body for schools or colleges of pharmacy.

Scheduling Synthetic Benzodiazepines (CR-101 and CR-103E) Filings

The Commission filed a rulemaking inquiry package (CR-101) under WSR 26-15-126 on July 22, 2026, to consider amending WAC 246-945-051 Schedule I to include the synthetic benzodiazepines clonazolam, diclazepam, etizolam, flualprazolam, flubromazolam, and bromazolam, as they pose an imminent hazard to public safety. The Commission also filed an emergency rulemaking package (CR-103E) under WSR 26-19-064 on September 15, 2026, after determining that the named substances represent a public hazard and that an emergency rule is necessary until standard rulemaking on the same subject is complete.

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Change of Pharmacy Ownership (CR-101) Filing

The Commission filed a rulemaking inquiry package (CR-101) under WSR 26-16-006 on July 23, 2026, to consider amending WAC 246-945-230 and WAC 246-945-992 to allow a pharmacy, and potentially other pharmaceutical firm types, to retain the same credential number if a change of ownership occurs because of a stock sale. This is a joint rules filing with the Washington State Department of Health (DOH).

Mercury Compound Designation (CR-101) Filing

The Commission filed a rulemaking inquiry package (CR-101) under WSR 26-17-065 on August 14, 2026, to consider creating a new section in Chapter 246-945 WAC for the purpose of designating compounds and substances as "poisons," as defined in Revised Code of Washington (RCW) 69.38.010(4). The new section could include elemental mercury and methylmercury compounds.

CDTA Submission Requirement (CR-101) Filing

The Commission filed a rulemaking inquiry package (CR-101) under WSR 26-18-004 on August 20, 2026, to consider amending WAC 246-945-350 to remove the requirement that licensees file a collaborative drug therapy agreement (CDTA) with the Commission.

Updates to Pharmacy Technicians and Technician Training Programs (CR-101) Filing

The Commission filed a rulemaking inquiry package (CR-101) under WSR 26-18-021 on August 25, 2026, to consider amending WAC 246-945-203 through WAC 246-945-220 and adopting a new section(s) in Chapter 246-945 WAC to potentially expand pathways to pharmacy technician certification, clarify the technician-in-training endorsement on pharmacy assistant registrations, and resolve inconsistencies in the pharmacy technician training program requirements.



Pharmacy Assistant Registration (CR-101) Filing

The Commission filed a rulemaking inquiry package (CR-101) under WSR 26-19-063 on September 15, 2026, to consider amending WAC 246-945-200 to add a requirement for competency in relevant procedures for preventing transmission of blood-borne pathogens and infectious diseases for pharmacy assistant applicants under the age of 18.

Animal Euthanasia Training Program Guidelines (CR-102) Filing and Public Comment Period

On September 15, 2026, the Commission filed a rules proposal package (CR-102) under WSR 26-19-065. The rule proposes to amend WAC 246-945-503 and create a new section, WAC 246-945-504, to establish regulatory requirements for animal euthanasia training programs seeking Commission approval.

The Commission held a public hearing on the proposed rule on November 5, 2026, during its regularly scheduled business meeting.

Tamper-Resistant Prescription Pads and Paper (CR-102) Filing and Public Comment Period

The Commission filed a rules proposal package (CR-102) on September 15, 2026, under WSR 26-19-069. The rule proposes to amend WAC 246-945-010 and create a new section, WAC 246-945-009, to regulate tamper-resistant prescription pads and paper information, including industry-recognized security features and their approval process.

The Commission held a public hearing on the proposed rule on November 5, 2026, during its regularly scheduled business meeting.

Accessible Prescription Labeling Refinement (Supplemental CR-102) Filing and Public Comment Period

On September 21, 2026, the Commission filed a supplemental rules proposal package (CR-102) under WSR 26-19-097. The rule proposes to amend WAC 246-945-015 and WAC 246-945-026 through WAC 246-945-029 to refine the standards for dispensing practitioners and dispensing facilities subject to the Commission's prescription labeling accessibility rules. This supplemental filing further amends the rules to expand exemptions outlined in WAC 246-945-027, a labeling requirement in WAC 246-945-028, and clarifies when dispensing practitioners or dispensing facilities must offer accessible labeling services in WAC 246-945-028 and WAC 246-945-029.

The Commission held a public hearing on the supplemental CR-102 on November 5, 2026, during its regularly scheduled business meeting.

Rule Filing – Clarifying Ancillary Utilization Plans (CR-103P) Filing

On July 16, 2026, the Commission filed a rules adoption package (CR-103P) under WSR 26-15-078 updating the submission standards for ancillary utilization plans (AUPs). The adopted rule amends WAC 246-945-410 to replace the term "facility" with "pharmacy" to clarify that only pharmacies may submit an AUP, per RCW 18.64A.040 and RCW 18.64A.060, for approval by the Commission to utilize pharmacy ancillary personnel as defined in RCW 18.64A.010. The rule went into effect on August 16, 2026.

Rule Filing – Mobile Opioid Treatment Program Units (CR-103P) Filing

On August 6, 2026, the Commission filed a rules adoption package (CR-103P) under WSR 26-17-010. The adopted rule amends WAC 246-945-060 and WAC 246-945-250 to add registration exemptions for mobile opioid treatment program units and amend facility requirements for other controlled substance registrants. The rule went into effect on September 6, 2026.

An Update From the Commission Regarding Compounding

Compounding Semaglutide and Other Glucagon-Like Peptide-1 Receptor Agonists

The Commission previously sent out its Statement on Compounding Semaglutide and GLP-1s. Food and Drug Administration (FDA) continues to provide guidance on this matter.

Drug Products or Components Labeled as 'Research Use Only' or 'Not for Human Consumption'

Drug products compounded for patient administration cannot use components labeled as "research use only" or "not for human consumption," including research peptides. Compounders should verify that any component of a compounded drug product complies with state law, such as the applicable chapter of United States Pharmacopeia, and federal law, such as the Federal Food, Drug, and Cosmetic Act (FD&C Act).

Compounding Biological Products

As a reminder, FDA states that biological products are not eligible for the exemptions for compounded drugs under Sections 503A and 503B of the FD&C Act.

Phishing Scams Continue to Target Licensees

Commission licensees continue to report being victimized by phishing scams. Contact the Commission directly (360/236-4946) to confirm the validity of a suspicious call or email.

Techniques used by these individuals include the following:

- **Impersonation –** Spoofing the Commission's phone number and pretending to represent the Commission, another government agency, or another pharmacy organization.
- **Haste –** Insisting licensees click a link.
- **Falsifying Information –** Claiming there is an issue with the licensee's insurance, payments, or license status.
- **Threats –** Instructing a licensee not to report the call to anyone "or else you will jeopardize the investigation."

These are scams! In many cases, callers are attempting to extort money or elicit sensitive information such as license numbers or Drug Enforcement Administration (DEA) registration numbers from licensees.

What can you do to protect yourself? Licensee security is important to the Commission.

- Contact the Commission (360/236-4946) to confirm validity if you are suspicious.
- If you have any doubts or questions about someone claiming to represent DEA or the Federal Bureau of Investigation (FBI), report the call to DEA's Extortion Scam reporting program or the FBI's Internet Crime Complaint Center.
- If the caller's phone number appears to be a Commission phone number, report the call to the Federal Communications Commission's consumer complaint form.

Unexpired Prescription Drugs Donation Program

The Commission has a rule, WAC 246-945-488, for the purpose of establishing an unexpired prescription drug donation program.

The unexpired prescription drugs donation program is optional. WAC 246-945-488 adopts the required conditions for donated prescription drugs outlined in Chapter 69.70 RCW, but also adds a requirement that participating pharmacies must submit an additional form to the Commission as notification of participation in the program.

- Participation notification form
- Participating facilities list

When donating medications under the unexpired prescription drug donation program, the participating pharmacy must complete a drug donation form, which must accompany the donated medications.

- Drug donation form (pdf)

For more information, please visit the Unexpired Prescription Drugs Donation Program.

RxFraud Alerts

Commission staff members continue to get reports of possible fraudulent prescriptions being submitted to Washington pharmacies. If you or your coworkers suspect a fraudulent prescription, please complete this form with any information you may have. You may also email RxFraudAlert@doh.wa.gov. To view the full report, please visit our RxFraud Alerts page. You may also notify DEA in Seattle.

Guidance for Pharmacies and Pharmacists on Prescribing and Administering the COVID-19 Vaccine

The guidance below is aimed at informing pharmacies and pharmacists of three possible mechanisms by which a pharmacist may administer a COVID-19 vaccine and identifies some key differences between them. The Commission does not endorse one mechanism over another but defers to pharmacists and pharmacies to determine the appropriate mechanism applicable to their practice setting.

Statewide Standing Order

On September 8, 2026, the DOH updated its statewide COVID-19 Vaccine Standing Order (Statewide Standing Order). The Statewide Standing Order was issued under the secretary of health's authority in RCW 43.70.183 and authorizes health care providers, including pharmacists, to administer COVID-19 vaccines consistent with applicable law and the terms of the standing order.

Pharmacists who use the Statewide Standing Order to administer COVID-19 vaccines must follow the terms of the Statewide Standing Order, including identifying State Health Officer Dr Kwan-Gett, MD, MPH, as the prescriber.

More information about the Statewide Standing Order can be found on DOH's Statewide Standing Orders web page.

Collaborative Drug Therapy Agreements

A CDTA is a set of written guidelines or protocols that establish the scope of prescriptive authority for a pharmacist. A pharmacist who has established a CDTA with a prescriber is authorized to prescribe or order drug or biological products in accordance with the terms of the CDTA.

Guidance for Pharmacies and Pharmacists on Prescribing and Administering the COVID-19 Vaccine *(cont)*

Pharmacists and prescribers can establish a CDTA setting out the guidelines under which a pharmacist can prescribe or order the COVID-19 vaccine. This process is separate and apart from the Statewide Standing Order. In other words, a CDTA provides an alternative mechanism to the Statewide Standing Order for a pharmacist to administer the COVID-19 vaccine.

More information on CDTAs can be found on the Pharmacy Commission's web page.

Prescriptions Written by Other Practitioners

A third possible mechanism for a pharmacist to administer a COVID-19 vaccine is if a patient is prescribed the COVID-19 vaccine by a practitioner, and a copy of that prescription is presented or sent to the pharmacy. The Statewide Standing Order does not replace or amend the ability of a patient to obtain a prescription from their provider for the COVID-19 vaccine.

Summary

Whether administering a vaccine under the Statewide Standing Order, a CDTA, or a prescription, pharmacists must ensure that administration is consistent with the provision of safe and appropriate medication therapy (WAC 246-945-305(2)). In addition, pharmacies are subject to a legal duty to deliver lawfully prescribed drugs and devices (WAC 246-945-415(2)).

Please see the graphic below to summarize this information:

	Statewide Standing Order	CDTA	Prescription
What is the Authorizing Law?	RCW 43.70.183	RCW 18.64.011(32) , and the Legend Drug Act, RCW 69.41.	The prescriber's practice act, and the Legend Drug Act, RCW 69.41.
Who is the Prescriber?	State Health Officer (Dr. Kwan-Gett, M.D., M.P.H.)	The pharmacist who is a party to the CDTA.	The practitioner identified on the prescription as the prescriber.
Are There Unique Prescribing Limitations?	Pharmacists should comply with the terms and conditions of the Statewide Standing Order	Pharmacists should comply with the terms and conditions of the CDTA.	The prescription must be written by a practitioner with the necessary prescriptive authority.

The Washington State Pharmacy Quality Assurance Commission News is published by the Washington State Pharmacy Quality Assurance Commission and the National Association of Boards of Pharmacy Foundation® (NABPF®) to promote compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of NABPF or the Board unless expressly so stated.

Marlee O'Neill - State News Editor

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

Megan Pellegrini - Publications and Editorial Manager

Department of Health | PO Box 47852 | Olympia, WA 98504-7852 | www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/PharmacyCommission