FLORIDA BOARD OF PHARMACY
2025-2026 LEGISLATION AND RULE UPDATE

Christopher R. Dierlam
Grossman, Roopnarine, and Bayó, LLC
2022-2 Raymond Diehl Rd.
Tallahassee, FL. 32308
(850) 385-1314
e.bayo@gfblawfirm.com

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Objectives

1. **Identify** recent changes to the Florida statutes affecting the practice of pharmacy and the rule provisions being amended by the Board of Pharmacy to implement those changes
2. **Explain** how these new statutes and rules will impact the everyday practice of pharmacy in Florida including licensure implications, compounding, dispensing, recordkeeping, and patient counseling.
3. **Evaluate** the implications that these changes will have on the everyday practice life of practicing pharmacists both in the independent and retail setting.
4. **Describe** the updates related to pharmacy technician supervision and the current status of the Board's proposed expansion of pharmacy technician supervision.
5. **Apply** current legal requirements to real-world pharmacy scenarios to ensure compliance.
6. **Recognize** the role of pharmacists in collaborative practice and test and treat settings and how they can enhance public health through policy engagement.
7. **Summarize** anticipated future legislative trends and their potential impact on pharmacy practice.

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Disclaimer

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The Florida Board of Pharmacy

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The Board

- 9 members appointed by the Governor
  - 7 licensed pharmacists 2 consumer members
- Committees
  - Compounding
  - Rules
- Board Staff – Employees of the Department of Health who support the Board members in their tasks and handle the administrative process for the Board
- Board Counsel – Assistant Attorney General assigned to the Board who provides legal counsel to the Board and its members as they carry out their duties
- Board Website https://floridaspharmacy.gov/

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New Members

- On January 30, 2026, Gov. DeSantis appointed three new members to the Board of Pharmacy
  - Leigh Mathes, PharmD
  - Mark Mikhael, PharmD
  - Darrell Miller, PharmD
- Replaced Mr. Phillip, Dr. Mesaros, and Dr. Ghazvini
- Resulted in the February Rules Committee meeting having to be cancelled as the Committee no longer had a quorum due to three of the members being removed.

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Board Duties

- Approve and/or deny applications for licensure and permits from pharmacies and pharmacists across the State and Nation
- Adjudicate disciplinary cases brought by the Department of Health
- Hear and rule on varying petitions for relief presented to the Board by regulated entities
- Adopt and modify the Rules of the Board as contained in the Florida Administrative Code
- Miscellaneous

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FLORIDA PHARMACY LAW

- FEDERAL
- STATE

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Florida Pharmacy Law FEDERAL

- Regulatory Provisions
  - United States Code (U.S.C.) - Federal Statutes
    - Laws as adopted by the U.S. House of Representatives and Senate
    - Title 21 – Food and Drugs
      - Chapter 9 - Controlled Substance Act
        - 353a & 353b
      - Chapter 13 – Drug Abuse Prevention and Control
  - Code of Federal Regulation (C.F.R.) - Federal Rules
    - Code of Federal Regulations – permanent rules published in the Federal Register by the departments and agencies of the Federal Government pursuant to the allowances of USC
    - 21 CFR – Food and Drugs
      - Chapter 1 – FDA Rules
      - Chapter 2 – DEA Rules
      - Chapter 3 – Office of National Drug Policy
- Regulatory Entities
  - Department of Justice → Drug Enforcement Agency (DEA)
  - Department of Health & Human Services → United States Food and Drug Administration (FDA)
  - United States Pharmacopeia; National Association of Boards of Pharmacy

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Florida Pharmacy Regulation STATE

- Regulatory Provisions
  - Florida Statutes
    - Laws as adopted and modified by the Florida House of Representatives and the Florida Senate
    - http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Index&Title_Request=XXXII#TitleXXXII
  - Florida Administrative Code
    - Rules of Florida Agencies – permanent rules published in the Florida Administrative Code pursuant to rulemaking authority granted by Florida Statutes
    - https://flrules.org/gateway/Browse.asp
- Regulatory Entities
  - Department of Health → Board of Pharmacy
  - Department of Business & Professional Regulation → Division of Drugs Devices & Cosmetics
  - Agency for Health Care Administration

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Florida Pharmacy Regulation State Statutes

- Chapters 455 & 465 – Department of Health & Board of Pharmacy
  - Division of Medical Quality Assurance and the application/discipline of professional health care licensees in the State of Florida
- Chapter 499 – Department of Drugs Devices & Cosmetics
  - Florida Drug & Cosmetic Act
- Chapter 893 – "Florida Comprehensive Drug Abuse Prevention and Control Act"
  - Criminal provisions involving illegal possession of drug products
- Miscellaneous

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Florida Pharmacy Regulation State Rules

- Title 61 - Department of Business & Professional Regulation
  - Division 61N – Division of Drug Devices & Cosmetic
    - Chapter 61N-1 - Standards of practice for Drug Distributors, Repackagers & Manufacturer
    - Chapter 61N-2 - Permits and Applications for Distributor/Manufacturer/Repackager
- Title 64 – Department of Health
  - Division 64B – Division of Medical Quality Assurance
    - Chapter 64B16 – Florida Board of Pharmacy

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64B16: Board of Pharmacy

- 64B16-26 Pharmacist Licensure
  - Applications and standards for licensure as a pharmacist in Florida
- 64B16-27 – Pharmacy Practice
  - Standards for practice of pharmacists for everything from sterile compounding to patient counseling
  - Most common rule violations charged in Administrative Complaints are contained in 64B16-27, F.A.C.
- 64B16-28 – General Requirements – Permits
  - Applications and requirements for permits
  - Specialty Permits
- 64B16-30 – Disciplinary Guidelines
- 64B16-31 – Collaborative Practice and Test and Treat Certifications

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Initiation of Rulemaking

- Public comment
- Public emergencies
- Petitions to initiate rulemaking and/or petitions for variance/waiver
- Board members
- Statutory changes
  - Creating of new statutes
  - Changes to existing statutes
- Unadopted rule proceedings

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Rulemaking

- Rulemaking Requirements
  1. Rule making authority
  2. Law implemented
- Rulemaking Process
  - Notice of Development
  - Notice of Proposed Rule
  - Notice of Change
  - Notice of Adoption
- Rule Workshops/Hearings
  - Sunshine Law
- Rulemaking Oversight Agencies
  - Joint Administrative Procedures Committee
  - Office of Fiscal Accountability and Regulatory Reform

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Rule Challenges

- Anyone who is substantially affected by a rule of a Department has the right to challenge it based on:
  - Rule enlarging, modifying, or contravening the Law Implemented;
  - Rule is arbitrary and capricious;
  - Rule is an invalid exercise of delegated authority; and/or
  - Rule provides unbridled discretion
- Proceedings most often take place at the Division of Administrative Hearings or DOAH
- Unadopted Rules
  - All "rules" must be formally adopted.
  - A Rule is "statement of general applicability that implements, interprets, or prescribes law or policy or describes the procedure or practice requirements of an agency".
  - An agency cannot enforce or implement a "rule" unless it formally adopts it through the rulemaking process.
- If they do → any party whose substantial interests are negatively affected can be entitled to reimbursement of Attorney's Fees.

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Petitions

- Petition for Variance/Waiver
  - Filed by a petitioner with a specific set of circumstances who feels a rule is being applied in a way that causes them a substantial hardship or violates the principle of fairness
  - Board cannot grant variances/waivers from Statutory provisions, only its adopted Rules
- Petition for Declaratory Statement
  - Petitioner asking the Board to clarify how a particular rule or statue applies to their particular set of circumstances
  - Generally, statements of generally applicability should be handled through rulemaking not a Petition for Dec Statement
- Petition to Initiate Rulemaking
  - Asking the Board to adopt a new rule or modify an existing rule
  - This is the mechanism to ask the Board for modification of generally applicable policies and standards

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Question?

- An applicant applies for licensure and asks the Board to accept the Uniform Multistate Pharmacy Jurisprudence Examination instead of the prior Florida MPJE. The Board has previously adopted a rule adopting the Florida MPJE as the exam for licensure in the State of Florida.
- Can the Board accept the Uniform MPJE for the individual applicant?
- Does the Board need to adopt a new rule if they decide to accept the Uniform MPJE instead of the Florida MPJE going forward?
- What if they decide to accept both?

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Answer Explained

- Can the Board accept the Uniform MPJE for the individual applicant?
  - Yes, individual would need to file a Petition for Variance/Waiver asking the Board to accept the Uniform MPJE instead of the Florida MPJE
- Does the Board need to adopt a new rule if they decide to accept the Uniform MPJE instead of the Florida MPJE going forward?
  - Yes, this would widely applicable and therefore the Board would need adopt a rule. If they didn't, then an individual who had the Florida MPJE could file an unadopted rule challenge against the Board.
- What if they decide to accept both?
  - Yes, this would also still be a rule. While the Board may be able to "get away" with it longer as it would not adversely impact the people who had taken the Florida MPJE, it is still a change to a widely applicable policy and therefore the Board needs to adopt is through rule

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RECENT RULE CHANGES

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2024 Legislative Session

- SB 1600 Interstate Mobility - Substantially modified the standards for licensure as a health care provider in the State of Florida through the endorsement.
- CS/HB 975 - An Act Relating to Background Screening and Certifications – required pharmacists and several other professions to submit fingerprints for initial licenses and license renewals.
- CS/HB 159 - HIV Infection Prevention Drugs – adopted standards for pharmacists to screen for HIV exposure and administer pre/post-exposure HIV prophylaxis.
- CS/HB 201 Emergency Refills of Insulin and Insulin-Related Supplies or Equipment.

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SB 1600

- SB 1600 Interstate Mobility - Substantially modified the standards for licensure as a health care provider in the State of Florida through the endorsement method.
- Gutted section 465.0075, F.S., Licensure by endorsement; requirements; fee.
- Created section 456.0145, F.S., MOBILE requirements for licensure and adopted new standards for licensure through endorsement in Florida.
  1. Holds an active license with a similar scope in another State or territory;
  2. Passing score on national licensure exam or hold national certification recognized by the Board;
  3. Active practice for 3 out of the last 4 years; and
     - Changed to 2 out of the last 4 in 2025
  4. No disciplinary action in last 5 years

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SB 1600

- Exclusions - 456.0145(2)(c), F.S., a person is INELLGIBLE for a license through endorsement if he or she:
  1. Has a pending complaint, allegation, or an investigation pending before a licensing entity;
  2. Has been convicted or pled nolo contendere to any felony or misdemeanor related to the practice;
  3. Has had a health care provider license revoked or suspended; and/or
  4. Has been reported to the National Practitioner Data Bank.
- Therefore, an applicant excluded for licensure through endorsement must apply through the examination method contained in section 465.007, F.S. and Rules 64B16-26.200, 203, and 2031, F.A.C.

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Board of Pharmacy Response

- Joined several other regulatory Boards in expressing concerns with the statutory language.
- Many regulatory Boards were concerned with the exclusion provisions that prohibit someone who has previously been reported to the NPDB or had a license acted against in another state or territory from obtaining a license in Florida.
- They were also concerned with individuals who obtained licensure in jurisdictions with laxer standards from automatically qualifying for a license in Florida.

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Question

- Given the Board of Pharmacy's concerns with the exclusions for licensure contained in the newly created ss. 456.0145, F.S., it could have:
  a) Used its expertise and authority as the licensing authority in the State of Florida to continue processing applications under the old statutory requirements.
  b) Adopted a formal rule provision to modify the statutory requirements and allow for individuals to be licensed who do not meet the statutory requirements.
  c) Adopted a formal rule provisions adding additional requirements to those required by the statute.
  d) None of the above.

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Answer Explained

- A. Used its expertise and authority as the licensing authority in the State of Florida to continue processing applications under the old statutory requirements.
  - Board cannot override or contravene a statute regardless of expertise.
- B. Adopted a formal rule provision to modify the statutory requirements and allow for individuals to be licensed who do not meet the statutory requirements.
  - Board cannot modify the requirements of the statute and cannot ignore statutory provisions when performing its statutorily mandated obligations.
- C. Adopted a formal rule provisions adding additional requirements to those required by the statute.
  - Closest. However, because the applicable statute did not grant the Board of Pharmacy any authority to the Board, the Board lacks the authority to adopt additional standards. Many statutes do grant authority to Board to adopt additional standards. Section 456.0145 does not so any rule adopted by the Board would be subject to a rule challenges for lacking rulemaking authority.
- D. None of the above.
  - Correct. The Board has no choice but to implement the statutory exclusions and deny applications of individuals who do not meet the statutory criteria.

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Board of Pharmacy Response

- Made significant amendments to Rule 64B16-26.204, F.A.C., Pharmacist Licensure by Endorsement.
- The rule used to outline the substantive requirements for licensure through endorsement in Florida. However, these standards were superseded by SB 1600 and the newly created statutory provision contained in 456.0145, F.S.
- The Board also looked into other rules, including the licensure by examination rule, but ultimately did not make any additional changes.
- Adopted the new MOBILE application for licensure by endorsement in Form DH-MQA-5103 which is contained in rule 64B16-26.204, F.A.C.
- As of January 1, 2025, began processing all applications for licensure by endorsement under the new standards contained in section 456.0145, F.S.

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CS/HB 975

- Amended 456.0135, F.S., to require all applications for licensure as pharmacists (not RPTs or RPIs) to include fingerprints for purposes of performing criminal background screens
  - Also included several other professions for the first time.
- Required all applications for renewal of a license submitted after July 1, 2025, to include these fingerprints.
- Present to LiveScan Vendor per DOH website and provide Board of Pharmacy specific ORI Number EDOH4680Z.
- Fingerprints are stored in Florida's Care Provider Background Screening Clearinghouse.
- Licensees have to pay a fingerprint retention fee of $42.00 every 5 years. If retention payment is not made the fingerprints will expire and the licensee will need to represent to a LiveScan provider.
- Despite passing in 2024 did not go into effect until July 1, 2025, to give the Department time to prepare for implementation.

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Board of Pharmacy Response

- Engaged in rulemaking to modify its rules and applications for licensure by examination and endorsement to incorporate necessary information and solicit the needed documents for the Board to comply with the obligations of HB 975.
  - Adopted significant additions to the Board's applications for licensure adopted in Rules 64B16-26.203, .2031, .300 & .303, F.A.C.
- Public Outreach
  - https://floridaspharmacy.gov/hb-975s-new-background-screening-requirement/
- HB 975 is fully implemented as of this presentation so if you have not complied you should soon. Processing times are at an all time high.

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CS/HB 159

- Created section 465.1861, F.S., Ordering and Dispensing HIV infection prevention drugs.
- Details process by which a pharmacist could apply to the Department to obtain certification to dispense HIV postexposure drugs under a collaborative practice agreement.
- Required a pharmacist to pass a Board approved certification course prior to engaging in any of the allowed conduct.
- Authorized certified pharmacists to screen adults for HIV exposure and to provide results.
- Authorized licensed pharmacists to dispense preexposure prophylaxis drugs pursuant to a valid prescription.
- Authorized certified pharmacists to order and dispense HIV postexposure prophylaxis drugs under a written collaborative practice agreement with a licensed physician.
- Outlines requirements that must be contained in the collaborative practice agreement including "any other requirements as established by the board with the approval of the Board of Medicine and the Board of Osteopathic Medicine".
- Outlines standards of practice pharmacists must comply with to treat under the new standards and documents that must be submitted to the Board by the pharmacist and pharmacy providing care under section 465.1861, F.S.

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Possible Rules needed?

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Board of Pharmacy Response

- Adopted new rules
- Rule 64B16-31.010 Collaborative Practice Certification: HIV Postexposure Certification
  - Adopted an application for pharmacists who wanted to obtain the certification to complete and submit for Board review.
- Rule 64B16-31.011 Collaborative Practice Certification: HIV Postexposure Prophylaxis Certification Course
  - Adopted an application for any entity that wanted to offer the required to course to submit for review by the Board in collaboration with the Board of Medicine and Osteopathic Medicine.
- Rule 64B16-31.012 Collaborative Practice Certification: HIV Postexposure Prophylaxis Certification Required Submissions
  - Outlines the requirements of the collaborative practice agreement.
  - Outlines the process by which a pharmacy and pharmacist can submit the statutorily required submissions to the Board for review.

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CS/HB 201

- Expanded the emergency prescription refill allowances for insulin contained in 465.0275.
- Changed allowances from “one time” to “three nonconsecutive times in one calendar year”.
- Also expanded allowance from “one vial of insulin” to “an emergency refill of insulin and insulin-related supplies or equipment”.
- Self-implementing
  - Board review the legislation and determined no changes to the Board rules were necessary to implement the legislation.

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Question

- The Board of Pharmacy takes a formal vote and decides the legislature expanded the allowable number of emergency refills to a dangerous level. It could: *Choose all that apply.*

A. Hold a public meeting to discuss the Board’s concerns and delegate the authority to the Chair to draft and send a letter to the sponsoring representative on behalf of the Board;

B. Ask individual Board members reach out to their elected officials and explain the Board’s concerns;

C. Adopt a formal rule reducing the allowable number of maximum emergency refills in dispute of the new statute;

D. Initiate proceedings to modify the statutory language and reduce the number of refills allowed in the newly created statute.

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Answer

- A. Hold a public meeting to discuss the Board’s concerns and delegate the authority to the Chair to draft and send a letter to the sponsoring representative on behalf of the Board.
  - Yes. Boards regularly express concerns regarding statutory provisions and bills. It is appropriate for the Board to delegate the authority to speak on its behalf to an individual member.
- B. Ask individual Board members reach out to their elected officials and explain the Board’s concerns.
  - Yes. Board members can also each out to their elected representative on their own accord.
- C. Adopt a formal rule reducing the allowable number of maximum emergency refills in dispute of the new statute.
  - No. Board cannot adopt a rule that runs contrary to a statute regardless of the reason or basis for doing so.
- Initiate proceedings to modify the statutory language and reduce the number of refills allowed in the newly created statute
  - No. Boards do not have the authority to modify a statutory provision. That power rests with the Florida legislature alone.

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2025 Legislative Session

- SB 1270
- Department of Health sponsored bill.
- Modified the licensure by endorsement standards contained in section 456.0145, F.S., MOBILE.
  - Removed exclusion on NPDB reports. Now, if reported to NPDB for conduct that would not constitute a violation of law or rule in Florida, the Board can either approve, approve with conditions, or deny application.
  - Modified practice requirements from 3 out of the last 4 to 2 out of the last 4.
- Effective July 1, 2025

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Board Response

- August 20, 2025, Committee Meeting
- Board adopted revisions to the existing MOBILE application for licensure by endorsement in Form DH-MQA-5103 which is contained in rule 64B16-26.204, F.A.C.
- As of July 1, 2025, most Boards began processing all applications for licensure by endorsement under the new standards contained in section 456.0145, F.S., including the requirement that applicants only need to practice their profession for 2 out of the last 4 years to qualify for licensure.

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SB 1808

- Created section 456.0625, F.S., which requires any health care practitioner who tenders charges for reimbursement, and any billing department, management company, or group practice that accepts payment for services rendered by the health care practitioner, shall refund the amount of any overpayment made by the patient no later than 30 days after the health care practitioner determines that an overpayment was made.
- Allows the Board of Pharmacy to take disciplinary action against any licensee who violates it.
- Takes effect January 1, 2026.

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Board Response

- August 20, 2025, Committee Meeting
- Board adopted revisions to the existing Disciplinary Guidelines contained in Rule 64B16-30.001, F.A.C.
- Pursuant to statute, the Board is required to adopt a rule outlining the typical range of penalties that will be imposed for a disciplinary violation. Board did so by adopting “Disciplinary Guidelines” in Rule 64B16-30.001, F.A.C.
- New guideline provided for a Letter of Concern and $500 fine up to $5,000 fine and probation for a first-time violation.
- Also adopted new rule language regarding the citation rule contained in Rule 64B16-30.003 to allow for a first-time violation to be considered a citation rather than formal discipline.

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2026 Legislative Session

- No bills were passed amended section 465, Florida Statutes in the 2026 legislative session
- There were a number of filed bills that would have had a significant impact on the practice and they are worth reviewing
  - https://www.flsenate.gov/Session/Bills/2026
- Most of the controversial bills died simply due to lack of movement and some internal power struggles in the State's political climate

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SB 432

- Modified the scheduling of the controlled substance Xylazine (a.k.a "Tranq") to create an exception allowing for veterinary use
- "Xylazine, except for a xylazine animal drug product approved by the United States Food and Drug Administration and the use of which conforms to the approved application or is authorized under 21 U.S.C. s. 360b(a)(4). The manufacture, importation, distribution, prescribing, or sale of xylazine for human use is not subject to this exception."

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Remaining Questions?

- Compounded Products
  - Statutory change only applies to Xylazine approved by the United States Food and Drug Administration
- Classification of Animal Use
  - Statutory change appears to have "un-scheduled" veterinary use rather than "re-scheduling" it

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SB 688

- Creates a new Board at the Florida Department of Health
- Florida Board of Naturopathic Medicine
- Limited Importance for Pharmacy due to language explicitly excluding "Prescribing, dispensing, or administering any legend or prescription drug other than natural, nonpharmacologic substances, including, but not limited to, vitamin B12."

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Other Sources of Rule Making

- Other than changes to the Florida Statutes, what other sources can lead the Board to engage in rulemaking?
  a) Public Comment;
  b) Changes in the real-world practice of pharmacy;
  c) Changes in Federal laws and rules;
  d) Pressure from stakeholders and regulators;
  e) Misc.

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Sterile Compounding Updates

- Sterile Compounding has been a hot topic in the practice of pharmacy as of late.
- The Board has received a large amount of public comment and input from stakeholders over the last few years.
- The Florida Board of Pharmacy has proudly been at the forefront of the regulation of sterile compounders since the New England Compounding Center meningitis outbreak.
- Sterile Compounding Subcommittee
  - Subcommittee of the Florida Board of Pharmacy
  - Previously composed of Board of Pharmacy members, expanded in 2022.
  - Composed of compounders from the Board as well as numerous stakeholders and industry experts.
  - Tasked with updating the Board's Compounding Rules pursuant to recent changes in the USP and DEA guidance documents.

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Sterile Compounding Rule Changes

- Rule 27.700, F.A.C. Compounding
- At one time, this rule provision contained a significant amount of regulations for sterile compounding in the State of Florida
- However, it became antiquated over the years due to many subsequent rule and statutory changes
- Remained relevant, primarily for veterinarians that had been omitted from statutory provisions

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Rule 27.700, FAC

- The rule as previously written contained a requirement that in order for a pharmacy to provide a compounded drug to a veterinarian practitioner, it needed to enter into an agreement with that practitioner that specifically provided "that the compounded drug may only be administered to the patient and may not be dispensed to the patient or sold to any other person or entity".
- This was in conflict with guidance documents from the DEA regarding what constitutes wholesaling as well as practice trends allowing for the sale of products obtained from 503b outsourcing facilities
- Board was approached by member of the veterinary medicine field, including the FVMA, and petitioned the Board to modify the rule and remove the prior provision

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RPT to PHARMACIST RATIO

- At the request of Board members, the Board has had a significant amount of discussion over the last year regarding removing the enumerated ratios and allowing the pharmacist to determine the appropriate number of technicians that he or she can supervise.
- Rule 64B16-27.410, F.A.C., contains the current standards and ratios by which a pharmacist may supervise more than one pharmacy technician.
- The Rule was previously titled "Registered Pharmacy Technician to Pharmacist Ratio".
- In December 2024 Board modified rule title to "Guidelines for Pharmacist Supervision of More than One Registered Pharmacy Technician".
- Also adopted a 12:1 pharmacist to RPT ratio for the first time in Florida law. Only allowed to operate at a 12:1 ratio if operating in a closed-door pharmacy which is defined as a "pharmacy that provides specialized services and is not open to the general public".
- Considered and discussed making more significant changes but received significant pushback from the Joint Administrative Procedures Committee.

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Pharm Tech Ratio

- February meeting of the Board the Board voted to withdraw the Pharmacist Technician supervision ratio rule outright.
- Moved the guidelines to Rule 64B16-27.4001, F.A.C., Delegation to and Supervision of Pharmacy Technicians; Responsibility of Supervising Pharmacist.
- Allows the pharmacist to supervise as many pharmacy technicians as they feel appropriate based on factors outlined in the proposed rule.
- Notice of Proposed Rule language was published on April 15, 2025.
- Made minor revisions per correspondence from Joint Administrative Procedures at the June meeting in an attempt to appease JAPC but it failed to do so.

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Pharm Tech Ratio

- JAPC did not back down and convened a hearing in Tallahassee on December 8, 2025, to consider the Board's proposed rule changes.
- Mr. Jeenu Phillip, one of the members of the Board presented to the Committee on behalf of the Board.
- He successfully defended the Board's position and addressed all of the concerns expressed by the Committee.
- Accordingly, the Committee voted to not maintain an objection, and the Board's proposed removal of the enumerated pharmacist to pharmacy technician ratios were removed.

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Pharm Tech Ratio

- New Rule went into effect on January 18, 2026
- (3) Technician Supervision Guidelines: The determination to utilize more than one technician shall be made by the supervising pharmacist, in consultation with the Prescription Department Manager or Consultant Pharmacist of Record, and shall be based on the guidelines as outlined within this section. No person, permittee, or licensee shall interfere with the exercise of the supervising pharmacist's independent professional judgment in determining whether to utilize more than one technician.
  - (a) The necessity to support the dispensing or service volume;
  - (b) The necessity to provide technical support for the clinical services provided;
  - (c) The level of education, training and experience of the technicians;
  - (d) Other support personnel including additional pharmacists and pharmacy interns;
  - (e) The level of education, training, and experience of the supervising pharmacist.
  - (f) The level of centralized or alternative support such as, but not limited to, remote processing, centralized filling or phone support;
  - (g) The level of automation or other technology within the pharmacy;
  - (h) The level of supervision necessary based on the tasks being performed;
  - (i) Aspects of patient care that require a pharmacist's or technician's attention;
  - (j) The type of medications or other services being offered;
  - (k) Security measures employed.
- (4) Any pharmacy that employs more than one registered pharmacy technician must maintain written policies and procedures outlining their utilization. These documents must clearly define the pharmacy technician's scope of responsibilities and be readily available for inspection by the Florida Board of Pharmacy or its authorized agents. Additionally, the pharmacy must establish and maintain documentation verifying that each pharmacy technician has received training specific to their job description, delegable tasks, and the policies and procedures applicable to the pharmacy setting in which they will perform these tasks.

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Uniform MPJE

- During the October Rule Committee meeting the Board voted to adopt the Uniform MPJE in lieu of the Florida MPJE version.
- They effectuated this decision by approving a proposed change to Rule 64B16-26.200, F.A.C., to remove the Florida specific examination requirement
- Florida Board officially filed a notice of proposed rule on February 18, 2026, and it is currently awaiting to be adopted

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Pharmacy Technician Training Programs

- Standards for approval of training programs for RPTs is located in Board Rule 64B16-26.351, F.A.C.
- Application for Pharmacy Intern Registration is contained in Rule 64B16-26.2032, F.A.C., and is also being discussed with this issue.
- Board has spent the last few meeting discussing making modifications to the language regarding the pre-approval of pharmacy technician training programs.
- Made some minor changes to Rule 64B16-26.351 for the purposes of clarifying the existing standards during its October 2025 meeting

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Mobile Medication Assisted Treatment Unit

- The Board received a large number of comments from the public asking it to go into rulemaking to adopt a Mobile Medica Assisted Treatment Unit Permit to further effectuate the DCF “Mobile Methadone Medication-Assisted Treatment Units”.
- Working on sorting out issues with nature of mobile permit in light of current one permit one location policy

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NABP Blue Print

- At the February meeting of the Sterile Compounding Committee, the NABP made a presentation indicating that Florida had been approved as a “Blueprint State”
- The Multistate Inspection Blueprint Program is a voluntary program that assists states interested in standardized inspection processes and committed to using the Pharmacy Inspection Blueprint for Sterile Compounding or the Distribution Inspection Blueprint. These living documents include a minimum set of criteria for pharmacy and distribution inspections.

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Moving Forward Sterile Compounding

- Anybody's guess!
- Permit Consolidation
  - Parental & Enteral Permit and Extended Scope
  - Board counsel has been requested to work on merging applications and presenting them at a future meeting.
- 503b Outsourcing Facilities
  - Additional changes to 64B16-27.700 or 27.797 regarding sterile compounding standards and business practices.
  - Board permits 503b Outsourcing facilities through Rule 64B16-28.802 and regulates conduct through varying Board rules.
- Playing keep up with the Feds and any new guidance documents.

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Moving Forward - Statutory Trends

- 2026 SB 1142 Pharmacy
- 2026 SB 868 Practice of the Profession of Pharmacy
- 2026 SB 966 Outsourcing Facilities
- 2026 SB 374 Prescribing Authority

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Next Meeting

- April 15-16, 2026
- Gainesville, FL

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END OF PRESENTATION

Christopher R. Dierlam
Grossman, Roopnarine, and Bayó, LLC
2022-2 Raymond Diehl Road
Tallahassee, FL 32308
(850) 385-1314
c.dierlam@grblawfirm.com

Grossman, Roopnarine & Bayó, LLC
ATTORNEYS AT LAW

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