

The State Pharmacy Law Worksheet

Every question a state-specific MPJE can ask about state law. Blank, for you to fill in by hand for your own jurisdiction.

174 QUESTIONS	82 TIER 1 — START HERE	35 BLUEPRINT SUBDOMAINS	25 FEDERAL BASELINES
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YOUR STATE _____

EXAM DATE _____

STARTED _____

HOW TO USE THIS

1. **Work from the law itself** — your state's pharmacy practice act, the board's rules, and the state controlled substances act. Not a summary, not a flashcard deck.
2. **Write the citation every time.** There is a line for it under every answer. An answer you cannot cite is an answer you cannot check later.
3. **Start with the Tier 1 questions.** Those are the ones whose answers always differ between states. Tier 3 may not vary at all in your jurisdiction — write “same as federal” and move on.
4. **Where a federal baseline is printed,** your job is to find what your state does differently. Sometimes the answer is nothing, and that is worth writing down too.

Check this is your exam first. This set is for a *state-specific* MPJE. If your jurisdiction uses the Uniform MPJE, your own state's rules are not on that exam and most of this will not help you. Six jurisdictions require no law exam at all and four run their own. Check at doctayo.com/tools/which-pharmacy-law-exam/ before you start.

This is a study aid, not legal advice. What you write here is your own reading of your state's law. Confirm every answer against your board before you rely on it.

Mapped to NABP's MPJE Content Outline, which takes effect 1 March 2027. Prefer to type? The same worksheet fills in on screen, saves as you go and exports, at doctayo.com/tools/state-law-template/ — and Texas is answered in full, free, at doctayo.com/tutoring/mpje/texas-pharmacy-law-answers/

D1-A-01 · Tier 1 · 1A

What does the state define as the practice of pharmacy, and what acts are reserved to a pharmacist?

Definitional scope; determines everything downstream.

CITATION

D1-A-02 · Tier 1 · 1A

May a pharmacist prescribe independently? For which drug categories?

State authority sits on top of a federal floor that is NOT zero. Note where PREP Act preemption makes a restrictive state rule unenforceable.

FEDERAL BASELINE

No general federal prescribing authority for pharmacists, BUT two live exceptions. (1) The PREP Act declaration amendment (89 FR, 2024-12-11) makes a state-licensed pharmacist a 'qualified person' who may ORDER and administer COVID-19 and seasonal influenza vaccines and order/administer authorized COVID-19 therapeutics through 2029-12-31, and expressly PREEMPTS contrary state law for those. (2) Pharmacists employed by VA, IHS and PHS prescribe under federal agency scope.

PREP Act declaration, 89 FR (2024-12-11)

CITATION

D1-A-03 · Tier 1 · 1A

May a pharmacist initiate hormonal contraception? Under what protocol, age limits, or training requirements?

Post-2016 state expansion; absent from older frameworks.

CITATION

D1-A-04 · Tier 1 · 1A

May a pharmacist furnish naloxone without a patient-specific prescription? Standing order, protocol, or independent authority?

All states have something; the mechanism differs.

CITATION

D1-A-05 · Tier 1 · 1A

May a pharmacist test and treat (strep, influenza, COVID-19)? What CLIA status and training are required?

Major post-2020 divergence.

CITATION

D1-A-06 · Tier 2 · 1A

May a pharmacist prescribe or furnish tobacco cessation products? PrEP/PEP?

A growing minority of states.

CITATION

D1-A-07 · Tier 1 · 1A

Are collaborative practice agreements permitted? With which prescriber types, for which patients, and what must the agreement contain?

Permitted nearly everywhere, structured differently everywhere.

CITATION

D1-A-08 · Tier 2 · 1A

Must a collaborative practice agreement be filed with or approved by the board? Does it expire?

Filing and renewal duties vary.

CITATION

D1-A-09 · Tier 2 · 1A

Under what circumstances may a pharmacist refuse to fill an otherwise lawful prescription? Is there a duty to refer or transfer?

Conscience clauses and refusal duties differ sharply.

CITATION

D1-B-01 · Tier 1 · 1B1

What are the internship hour requirements, and how many may be earned before graduation or out of state?

Hour counts and transfer rules vary.

CITATION

D1-B-02 · Tier 1 · 1B1

Which examinations are required, what is the passing standard, and how many retakes are allowed before remediation?

Retake limits are a common test item.

CITATION

D1-B-03 · Tier 1 · 1B1

What is the license renewal cycle, and what is the renewal date?

Annual vs biennial, fixed date vs birth month.

CITATION

D1-B-04 · Tier 1 · 1B4

How many CE hours are required per cycle, and how many must be live, law-specific, or opioid-specific?

Totals and mandatory subject carve-outs both vary.

CITATION

D1-B-05 · Tier 2 · 1B4

How long must CE records be retained, and what happens on audit failure?

Retention periods differ.

CITATION

D1-B-06 · Tier 2 · 1B1

Is licensure transfer (reciprocity) available, and what are the practice-hour or exam prerequisites?

Some states require a fresh law exam or minimum hours.

CITATION

D1-B-07 · Tier 1 · 1B1

Must technicians be registered, licensed, or certified? Is national certification mandatory?

Registration vs licensure vs nothing.

CITATION

D1-B-08 · Tier 1 · 1B1

What is the maximum technician-to-pharmacist ratio? Does it change by practice setting or by technician certification status?

One of the most reliably tested state differences.

CITATION

D1-B-09 · Tier 1 · 1B1

What tasks may a technician perform, and which are expressly prohibited?

Task lists are enumerated differently.

CITATION

D1-B-10 · Tier 1 · 1B1

Is tech-check-tech permitted? In which settings and under what conditions?

A minority of states; conditions are narrow.

CITATION

D1-B-11 · Tier 2 · 1B1

May a technician accept a called-in prescription? Transfer a prescription? Counsel?

Commonly prohibited, but not uniformly.

CITATION

D1-B-12 · Tier 2 · 1B1

What is the intern-to-pharmacist ratio, and what may an intern do that a technician may not?

Intern authority varies.

CITATION

D1-B-13 · Tier 1 · 1B3

What does supervision require — physical presence, line of sight, immediate availability, or remote?

The supervision standard is a frequent exam hinge.

CITATION

D1-B-14 · Tier 1 · 1B3

Must each pharmacy have a pharmacist-in-charge, what are the eligibility requirements, and may one person serve at more than one site?

Multi-site service is permitted in some states only.

CITATION

D1-B-15 · Tier 1 · 1B3

What are the PIC's enumerated duties, and what is the notification deadline when the PIC changes?

Deadlines range from immediate to 30 days.

CITATION

D1-B-16 · Tier 2 · 1B2

Must a pharmacist report an arrest, conviction, or discipline in another state? Within what period?

Self-reporting duties and windows vary.

CITATION

D1-B-17 · Tier 3 · 1B2

Is there a mandated meal or rest break for pharmacists, and may the pharmacy remain open during it?

A handful of states regulate this explicitly.

CITATION

D1-B-18 · Tier 2 · 1B4

What continuing education is required for technicians and for the pharmacist-in-charge, separately from the general pharmacist requirement?

Technician CE hours are separately state-set.

CITATION

D1-C-01 · Tier 2 · 1C

What are the state's wholesale distributor and third-party logistics licensing requirements?

State layers sit on top of DSCSA.

CITATION

May a pharmacy sell or transfer drugs to another pharmacy? Is there a percentage cap?

Any 5% rule a state applies to pharmacy-to-pharmacy transfer is a STATE artifact inherited from the NABP Model Act, not a federal number. Research the state figure directly and do not assume 5%.

FEDERAL BASELINE

There is no DSCSA 5% pharmacy-to-pharmacy figure. The 5% threshold is FDA's uncodified interpretive guidance on 'minimal quantities' sold by a retail pharmacy to a LICENSED PRACTITIONER for office use (59 FR 11842 proposal; FDA declined to codify). Separately, FD&C Act 503(e)(4) / 21 USC 353(e)(4) excludes certain transfers from 'wholesale distribution,' including for emergency medical reasons.
21 USC 353(e)(4); 59 FR 11842

CITATION

What must the pharmacy do on a Class I recall, and must patients be notified directly?

Direct-notification duties are state-imposed.

CITATION

May dispensed drugs be returned and restocked? Is there a donation or drug-repository program?

Repository programs exist in many states with tight conditions.

CITATION

What beyond-use date rules apply to repackaged and dispensed products?

States adopt USP by reference at different versions.

CITATION

D1-C-06 · Tier 1 · 1C

How does state law define adulterated and misbranded drugs, and does the state have its own Food, Drug and Cosmetic Act separate from the federal statute?

Most states have their own act; definitions and penalties differ.

CITATION

D1-C-07 · Tier 2 · 1C

What must a pharmacy do on identifying a suspect or counterfeit product — quarantine, notification, and to whom?

DSCSA sets a federal duty; state notification recipients differ.

FEDERAL BASELINE

FD&C Act 582(c)(4); 21 USC 360eee-1.

FD&C Act 582(c)(4); 21 USC 360eee-1

CITATION

D1-C-08 · Tier 2 · 1C

Does the state have a prescription drug importation program under FD&C Act 804, and what is its current status?

FL, CO, NH, NM, TX, VT and others have statutes at different stages. Named in the outline. Volatile.

FEDERAL BASELINE

FD&C Act 804; 21 USC 384.

FD&C Act 804; 21 USC 384

CITATION

D1-C-09 · Tier 2 · 1C

May a pharmacy possess, store or dispense manufacturer drug samples?

PDMA governs distribution; pharmacy possession is state law and flatly prohibited in many states.

FEDERAL BASELINE

Prescription Drug Marketing Act, 21 USC 353(c)-(d).

Prescription Drug Marketing Act, 21 USC 353(c)-(d)

CITATION

D1-D-01 · Tier 1 · 1D

Has the state adopted USP <795>, <797>, and <800> by reference? At which revision, and with what effective date?

Adoption status and version are both state-specific and move.

CITATION

D1-D-02 · Tier 2 · 1D

Which state agency regulates pharmacy, and is it independent of the health department?

Structure affects inspection and discipline questions.

CITATION

D1-E-01 · Tier 1 · 1E

What distinguishes compounding from manufacturing under state law, and is anticipatory compounding allowed?

Definitions and batch limits differ.

CITATION

D1-E-02 · Tier 1 · 1E

What are the facility, training, and documentation requirements for sterile compounding? Is a separate permit required?

Separate sterile permits exist in many states.

CITATION

D1-E-03 · Tier 2 · 1E

May a pharmacy compound for office use without a patient-specific prescription?

Permitted in some states, prohibited in others.

CITATION

D1-E-04 · Tier 2 · 1E

What are the handling, assessment-of-risk, and PPE requirements for hazardous drugs?

Tracks USP <800> where adopted; otherwise state-specific.

CITATION

D1-E-05 · Tier 2 · 1E

Must the pharmacy report compounding volume, or register as an outsourcing facility, at state level?

Post-DQSA state regimes vary.

CITATION

D1-F-01 · Tier 1 · 1F

Does state law impose confidentiality duties stricter than HIPAA? For which categories (HIV, mental health, substance use, minors, reproductive health)?

Heightened-protection categories are the state layer.

FEDERAL BASELINE

HIPAA sets a floor; stricter state law controls.

45 CFR 160.203(b)

CITATION

D1-F-02 · Tier 2 · 1F

May a non-custodial parent access a minor's medication record? At what age does a minor control their own record?

Age of consent for records varies.

CITATION

D1-F-03 · Tier 2 · 1F

What is the state's data breach notification duty and deadline for a pharmacy?

State breach statutes are separate from HIPAA.

CITATION

D2-A-01 · Tier 1 · 2A1

Which practitioner types may prescribe legend drugs, and are any limited by drug category?

Prescriptive authority is defined state by state.

CITATION

D2-A-02 · Tier 1 · 2A1

Which practitioner types may prescribe controlled substances, and in which schedules?

Mid-level schedule limits are a classic item.

CITATION

D2-A-03 · Tier 1 · 2A1

May a pharmacist fill a prescription written by an out-of-state prescriber? Does the rule differ for controlled substances?

Out-of-state CS rules are restrictive in some states.

CITATION

D2-A-04 · Tier 1 · 2A1

May a pharmacist fill a prescription issued by a prescriber in Canada or Mexico?

Expressly prohibited in some states.

CITATION

D2-A-05 · Tier 1 · 2A1

How long is a legend drug prescription valid from the date issued?

One year is common but not universal.

CITATION

D2-A-06 · Tier 1 · 2A1

How long is a prescription valid for each controlled schedule (II, III, IV, V)?

Schedule II expiry is state-imposed.

FEDERAL BASELINE

No federal expiration date for a Schedule II prescription.

21 CFR 1306.12(a)

CITATION

D2-A-07 · Tier 1 · 2A1

What elements must appear on a valid prescription? Any required beyond federal (patient age, sex, address, diagnosis code)?

Extra required elements are high-yield.

CITATION

D2-A-08 · Tier 1 · 2A1

Is electronic prescribing mandatory? For controlled substances only, or for all prescriptions? What are the exemptions and the pharmacist's verification duty?

Any pharmacist verification duty is created entirely by state law. Do not code state mandates as tightening a federal pharmacist duty that does not exist.

FEDERAL BASELINE

The federal EPCS mandate runs on PRESCRIBERS only (Medicare Part D; 70% of C-II-V prescriptions electronically per measurement year). CMS states a pharmacist has NO duty to verify a prescriber's exception status and may dispense a valid written, oral or faxed prescription. The federal pharmacist duty is ZERO.

SUPPORT Act s.2003; CMS Part D EPCS guidance

CITATION

D2-A-09 · Tier 2 · 2A1

May prescriptions be transmitted by fax? Which schedules, and what makes the fax the original?

Fax rules for C-II have narrow federal exceptions states may narrow further.

CITATION

D2-A-10 · Tier 2 · 2A1

What are the requirements for a tamper-resistant or security prescription blank? Is a state-issued serialized form required?

Several states mandate official forms.

CITATION

D2-A-11 · Tier 1 · 2A2

Which elements of a Schedule II prescription may a pharmacist change after consultation, and which may never be changed?

State policy diverges from DEA guidance.

CITATION

D2-A-12 · Tier 2 · 2A2

May a pharmacist add or correct a missing patient address, drug strength, or dosage form without contacting the prescriber?

Clarification authority varies.

CITATION

D2-A-13 · Tier 1 · 2A3

May a pharmacist dispense an emergency refill without prescriber authorization? What day supply, which drug classes are excluded, and how often?

Day-supply limits range widely; CS usually excluded.

CITATION

D2-A-14 · Tier 2 · 2A3

Are there separate rules for emergency supply during a declared disaster or state of emergency?

Emergency provisions were expanded post-2020.

CITATION

D2-A-15 · Tier 1 · 2A3

For an emergency oral Schedule II, how long does the prescriber have to deliver the written follow-up, and what must the pharmacist do if it does not arrive?

States shorten the federal window and add reporting.

FEDERAL BASELINE

21 CFR 1306.11(d)(4): the practitioner must deliver the written prescription within 7 days. If it does not arrive, the pharmacist must notify the nearest DEA office; failure to do so voids the authority to dispense without a written prescription.

21 CFR 1306.11(d)(4)

CITATION

D2-A-16 · Tier 1 · 2B3

Is there a maximum number of refills for legend drugs, and over what period?

Federal law is silent for non-controlleds; states are not.

CITATION

D2-A-17 · Tier 2 · 2B3

What refill limits apply to each controlled schedule, and do any state-specific drug classes carry zero refills?

The C-III/IV rule is adopted near-verbatim nationwide. The variance is entirely in the tail: state-specific zero-refill or reduced-refill drug classes. Research the tail only.

FEDERAL BASELINE

C-II: no refills (21 CFR 1306.12(a)). C-III and C-IV: maximum five refills within six months of issue (21 CFR 1306.22). C-V: NO federal numeric refill limit — refillable as authorized by the prescriber. Non-controlled legend drugs: no federal limit.

21 CFR 1306.12(a), 1306.22

CITATION

D2-A-18 · Tier 1 · 2A1

Is there a day-supply limit on an initial opioid prescription? Who is exempt (cancer, hospice, palliative, chronic pain), and does it apply to minors differently?

Nearly universal since 2016, and entirely state-defined.

FEDERAL BASELINE

No federal day-supply limit.

none — no federal day-supply limit exists

CITATION

D2-A-19 · Tier 2 · 2A1

Is a morphine milligram equivalent threshold defined that triggers a pharmacist duty?

MME triggers exist in several states.

CITATION

D2-A-20 · Tier 2 · 2A1

What state requirements apply to dispensing buprenorphine for opioid use disorder, beyond the federal position after the X-waiver was eliminated?

State registration and quantity rules persist.

CITATION

D2-A-21 · Tier 1 · 2A1

What makes a valid medication order in an institution — who may issue it, who may receive a verbal or telephone order, and must a pharmacist review it before the first dose?

The outline names 'medication orders' explicitly; the framework otherwise covers only outpatient prescriptions.

CITATION

D2-A-22 · Tier 1 · 2A1

How does the pharmacy handle medication orders when no pharmacist is on site — after-hours access, remote review, retrospective verification?

After-hours institutional practice is squarely state-regulated.

CITATION

D2-A-23 · Tier 1 · 2A1

May a practitioner issue multiple Schedule II prescriptions for sequential filling, up to what total day supply, and what earliest-fill-date notation is required?

The federal rule defers to state law twice; states split into permitted-at-90-days, capped-shorter, and silent.

FEDERAL BASELINE

21 CFR 1306.12(b) permits up to a 90-day supply across multiple C-II prescriptions, but only 'to the extent permissible under applicable state laws' — see (b)(1)(iv) and (b)(1)(v).

21 CFR 1306.12(b)

CITATION

D2-A-24 · Tier 2 · 2A1

What are the rules for veterinary prescriptions — who may prescribe, animal-patient labeling, sale to a veterinarian for office use, and which agency has jurisdiction?

Tested on several state MPJEs and absent from most frameworks.

CITATION

D2-B-01 · Tier 1 · 2B1

What must appear on an outpatient prescription label? Which elements exceed federal requirements?

Extra label elements are a staple item.

CITATION

D2-B-02 · Tier 2 · 2B1

Must the label show the drug's physical description, the prescriber's phone, the pharmacist's initials, or a purpose-of-use statement?

Each of these is required somewhere.

CITATION

D2-B-03 · Tier 2 · 2B1

Are large-print, multilingual, or accessible labels required on request?

A growing requirement.

CITATION

D2-B-04 · Tier 2 · 2B1

What must be on the label of a unit-dose, inpatient, long-term care, or home-infusion product?

Institutional labeling diverges from outpatient.

CITATION

D2-B-05 · Tier 2 · 2B1

What controlled substance warning must appear, and in what wording?

Opioid warning labels are now state-mandated in many places.

CITATION

D2-B-06 · Tier 1 · 2B9

How does a prescriber block generic substitution, and what exact wording or format is required?

'Dispense as written' mechanics differ by state.

CITATION

D2-B-07 · Tier 1 · 2B9

May the patient refuse substitution? What happens when a public payer is involved?

Patient-consent rules vary.

CITATION

D2-B-08 · Tier 2 · 2B9

Must generic savings be passed to the patient, and how is the amount determined?

Some states mandate a pass-through.

CITATION

D2-B-09 · Tier 1 · 2B9

What are the rules for substituting an interchangeable biosimilar, including the prescriber notification duty and its deadline?

Enacted state by state between 2013 and 2019; absent from older frameworks.

CITATION

D2-B-10 · Tier 2 · 2B9

Is therapeutic interchange permitted outside an institution? Under what authority?

Usually institution-only, but defined differently.

CITATION

D2-B-11 · Tier 2 · 2B9

What must be documented when a product interchange is performed, and for how long?

Documentation duties vary.

CITATION

D2-B-12 · Tier 1 · 2B5

Is counseling required for all patients or Medicaid only? New prescriptions, refills, or both?

The OBRA floor is exceeded in most states.

FEDERAL BASELINE

OBRA '90 reaches Medicaid patients.

OBRA '90, 42 USC 1396r-8(g)(2)(A)

CITATION

D2-B-13 · Tier 1 · 2B5

Who may make the offer to counsel, and may it be delegated to a technician?

Delegation of the offer is permitted in some states only.

CITATION

D2-B-14 · Tier 1 · 2B5

Must the offer, the counseling, or the refusal be documented? In what form and for how long?

Documentation of refusal is a frequent item.

CITATION

D2-B-15 · Tier 2 · 2B5

What must counseling cover at minimum, and may written material substitute?

Minimum content lists differ.

CITATION

D2-B-16 · Tier 2 · 2B5

How is counseling handled for mailed, delivered, or drive-through prescriptions?

Remote counseling duties vary.

CITATION

D2-B-17 · Tier 2 · 2B5

Is a private or semi-private counseling area required? What are its specifications?

Physical requirements are specified in some states.

CITATION

D2-B-18 · Tier 2 · 2B2

Is prospective drug utilization review required, what must it screen for, and must the review be documented?

Screening element lists vary.

CITATION

D2-B-19 · Tier 2 · 2B2

Are patient profiles required for all patients, what must they contain, and may a patient decline to provide elements?

Required contents differ.

CITATION

D2-B-20 · Tier 2 · 2B3

May a Schedule II prescription be partially filled at the patient's or prescriber's request? Within what period must the balance be dispensed?

Post-2023 this field is largely federal; the state residue is thin. Research only what the state ADDS or prohibits.

FEDERAL BASELINE

Two different rules with different clocks. 21 CFR 1306.13(a) — pharmacist cannot supply the full quantity: remainder within 72 HOURS of the first partial fill, else notify the prescriber and no further quantity without a new prescription. 21 CFR 1306.13(b) — partial fill at the request of patient or prescriber (CARA 2016): remainder no later than 30 DAYS AFTER THE DATE THE PRESCRIPTION WAS WRITTEN, or 72 hours after issuance for an emergency oral C-II.

21 CFR 1306.13(a), (b)

CITATION

D2-B-21 · Tier 2 · 2B3

What are the partial fill rules for long-term care and terminally ill patients?

LTC/hospice carve-outs differ.

CITATION

D2-B-22 · Tier 2 · 2B3

Is there a defined threshold for refilling a controlled substance early, and what documentation is required?

Percentage thresholds exist in some states.

CITATION

D2-B-23 · Tier 1 · 2B6

May controlled substance prescriptions be transferred, how many times, and does the answer differ for electronic prescriptions?

The 2023 rule expressly defers to state law, so whether a C-II e-prescription may be transferred at all is a state answer.

FEDERAL BASELINE

Two separate rules. REFILL transfer, C-III-V: 21 CFR 1306.25, one transfer unless pharmacies share a real-time online database. INITIAL FILL transfer, C-II-V: 21 CFR 1306.08(e)-(h) permits a one-time transfer of an ELECTRONIC prescription between retail pharmacies at the PATIENT's request, only where state law permits (88 FR 48365, eff. 2023-08-28).

21 CFR 1306.25; 21 CFR 1306.08(e)-(h)

CITATION

D2-B-24 · Tier 1 · 2B6

May an intern or technician perform a transfer? Must both parties be pharmacists?

Who may transfer is state-defined.

CITATION

D2-B-25 · Tier 2 · 2B6

What information must the transferring and receiving pharmacies each record, and where?

Record placement requirements differ.

CITATION

D2-B-26 · Tier 2 · 2B6

May commonly owned pharmacies share one database, and does that change the transfer rules?

Shared-database provisions vary.

CITATION

D2-B-27 · Tier 1 · 2B7

Is PDMP registration mandatory for pharmacists? Is a query mandatory before dispensing, and for which drugs or circumstances?

The single biggest post-2008 addition to state law.

FEDERAL BASELINE

No federal PDMP mandate.

none — no federal PDMP mandate exists

CITATION

D2-B-28 · Tier 1 · 2B7

How quickly must a dispensing be reported to the PDMP, and which drugs beyond controlled substances are reportable?

Reporting windows range from real time to weekly.

CITATION

D2-B-29 · Tier 2 · 2B7

Who may access the PDMP, may access be delegated to a technician, and what are the penalties for misuse?

Delegate access rules vary.

CITATION

D2-B-30 · Tier 2 · 2B7

What must a pharmacist do when the PDMP reveals a red flag? Is there a reporting duty?

Affirmative duties exist in some states.

CITATION

D2-B-31 · Tier 1 · 2B1

What are the daily and monthly sales limits, what identification and logging are required, and is a prescription required?

Some states exceed CMEA or require a prescription.

FEDERAL BASELINE

CMEA retail limits: 3.6 g per purchaser per day; 9 g per purchaser per 30 days. MAIL-ORDER 30-day limit is 7.5 g, not 9 g (21 CFR 1314.100).

Logbook, photo ID and employee training required.

21 CFR 1314.100; 21 USC 830(e)

CITATION

D2-B-32 · Tier 2 · 2B1

Which products are behind-the-counter or pharmacist-only in this state?

State-specific BTC lists exist.

CITATION

D2-B-33 · Tier 2 · 2B1

May syringes be sold without a prescription? Any quantity limit or logging duty?

Still restricted in a few states.

CITATION

D2-B-34 · Tier 3 · 2B4

May a pharmacy repackage another pharmacy's dispensed prescription? Under what conditions?

Prune if uniform.

CITATION

D2-B-35 · Tier 1 · 2B4

What are the child-resistant packaging requirements, and how is a waiver obtained — patient blanket waiver, prescriber per-prescription waiver, and must either be in writing?

The PPPA sets the floor; waiver mechanics and documentation are state-specified.

FEDERAL BASELINE

Poison Prevention Packaging Act, 15 USC 1471-1477; 16 CFR 1700.

Poison Prevention Packaging Act, 15 USC 1471-1477; 16 CFR 1700

CITATION

D2-B-36 · Tier 2 · 2B4

What are the requirements for unit-dose, adherence or multi-medication blister packaging, and may a pharmacy repackage into them for a long-term care patient?

Adherence packaging rules are state-built and growing.

CITATION

D2-C-01 · Tier 1 · 2C

Which vaccines may a pharmacist administer, to what minimum patient age, and under prescription, protocol, or independent authority?

Age floors and vaccine lists are highly variable.

CITATION

D2-C-02 · Tier 1 · 2C

What training, certification, and CPR requirements apply to an immunizing pharmacist?

Training hour requirements differ.

CITATION

D2-C-03 · Tier 1 · 2C

Must immunizations be reported to a state registry, and within what period?

Registry reporting deadlines vary.

CITATION

D2-C-04 · Tier 2 · 2C

May a technician or intern administer vaccines? Under what supervision?

Expanded in many states post-2020.

CITATION

D2-C-05 · Tier 2 · 2C

Beyond vaccines, which drugs may a pharmacist administer, and by which routes?

Long-acting injectables are newly permitted in many states.

CITATION

D2-C-06 · Tier 2 · 2C

What adverse events must be reported, to whom, and in what timeframe?

State reporting sits alongside VAERS and MedWatch.

CITATION

D3-A-01 · Tier 1 · 3A2

How many members serve on the board, how many are pharmacists, how many are public members, who appoints them, and what are the term lengths?

Pure state fact; almost always tested.

CITATION

D3-A-02 · Tier 2 · 3A2

What are the board's rulemaking, inspection, subpoena, and emergency suspension powers?

Powers are enumerated differently.

CITATION

D3-A-03 · Tier 2 · 3A2

May the board inspect without notice? What must be produced, and may a pharmacy refuse entry?

Inspection authority varies.

CITATION

D3-A-04 · Tier 1 · 3A2

What conduct constitutes unprofessional conduct, and what sanctions may the board impose?

Enumerated lists are state-specific.

CITATION

D3-A-05 · Tier 2 · 3A2

What is the disciplinary process — complaint, investigation, hearing, appeal — and what are the deadlines at each step?

Procedural timelines are tested.

CITATION

D3-A-06 · Tier 2 · 3A2

Is there an impaired pharmacist or recovery program, is participation confidential, and does it substitute for discipline?

Program structure differs.

CITATION

D3-A-07 · Tier 2 · 3A2

What are the civil and criminal penalty ranges for practicing without a license or for a pharmacy operating without a permit?

Penalty amounts are state facts.

CITATION

D3-A-08 · Tier 1 · 3A2

What has the board published on the legal authority of its newsletter, policy statements, declaratory rulings and FAQs — are they binding, advisory, or enforceable as rule?

Some boards treat the newsletter as enforceable; the published position is citable, unlike a guess about what NABP tests.

CITATION

D3-A-09 · Tier 2 · 3A2

What happens if a license lapses — grace period, late fee, reinstatement requirements, and is practice during lapse a disciplinary offense?

Grace periods and consequences differ.

CITATION

D3-A-10 · Tier 2 · 3A1

What does the board's candidate bulletin or practice act state about applying state versus federal law when the two conflict?

Where stated, it is directly citable. Expect roughly half the states to have no published statement — record that as silence, not as absence of an answer.

CITATION

D3-B-01 · Tier 1 · 3B2

Does the state schedule any substance differently from federal, or schedule anything federal law does not?

State-only scheduling (gabapentin, kratom, cannabis derivatives) is high-yield.

CITATION

D3-B-02 · Tier 1 · 3B4

Is a separate state controlled substance registration required, for whom, and on what renewal cycle?

Separate state CSR exists in many states.

CITATION

D3-B-03 · Tier 1 · 3B1

How often must a controlled substance inventory be taken, on what date, and must it be filed with anyone?

Annual vs biennial, with fixed dates.

FEDERAL BASELINE

Biennial inventory.

21 CFR 1304.11

CITATION

D3-B-04 · Tier 2 · 3B1

What triggers an inventory outside the regular cycle — change of PIC, change of ownership, theft, newly scheduled drug?

Trigger lists differ.

CITATION

D3-B-05 · Tier 1 · 3B2

How long must controlled substance records be retained, and must they be kept on site?

Two to seven years, with on-site rules.

FEDERAL BASELINE

Two years.

21 CFR 1304.04

CITATION

D3-B-06 · Tier 2 · 3B2

How must controlled substance prescriptions be filed — three-file, two-file, or state-specific — and what marking is required?

Filing systems are specified by state.

CITATION

To whom must theft or significant loss be reported, within what period, and on what form?

The one-business-day federal deadline is now tighter than most states'. Research what the state ADDS — a second recipient (board, state police), a different form, or a duty covering non-controlled drugs.

FEDERAL BASELINE

21 CFR 1301.76(b): written notice to the DEA Field Division Office within ONE BUSINESS DAY of discovery, and a complete DEA Form 106 filed through DEA's secure network application within 45 CALENDAR DAYS of discovery. (Amended 88 FR 40712, eff. 2023-07-24.)

21 CFR 1301.76(b)

CITATION

Does the state impose the same reporting duty for non-controlled legend or dangerous drugs?

A state-only duty with no federal analogue.

CITATION

How may a pharmacy destroy expired or unwanted controlled substances, and may it act as an authorized collector?

State disposal rules sit on top of the DEA take-back framework.

CITATION

What are the requirements for a drug take-back kiosk, including placement, access, and recordkeeping?

Kiosk rules are state-specified.

CITATION

Must a perpetual inventory be maintained for Schedule II? In all settings?

Required in a minority of states.

FEDERAL BASELINE

Not required.

21 CFR 1304.04 (no perpetual inventory required)

CITATION

May a practitioner prescribe or dispense controlled substances for themselves or an immediate family member?

Expressly prohibited in some states, silent in others.

FEDERAL BASELINE

No general federal prohibition.

no general federal prohibition; see 21 CFR 1306.04 (legitimate medical purpose)

CITATION

How does state law express the pharmacist's corresponding responsibility, and are specific red flags enumerated in rule?

Enumerated red-flag lists exist in several states and are directly testable.

CITATION

What must a pharmacist do on receiving a forged, altered, or suspicious controlled substance prescription — refuse, retain, report, notify police?

Retention and reporting duties vary.

CITATION

D3-B-17 · Tier 2 · 3B3

Does the state separately register controlled substance distributors, manufacturers or researchers; does a pharmacy need one to transfer stock; and does the state add anything to the federal DEA Form 222 / CSOS ordering scheme (21 CFR Part 1305)?

Ordering itself is federal. State registration tiers and any state-added filing are the variable part.

CITATION

D3-B-18 · Tier 2 · 3B2

What controlled substance records are required in an institution — proof-of-use sheets, floor stock reconciliation, discrepancy resolution?

Institutional recordkeeping is separately specified.

CITATION

D3-B-19 · Tier 1 · 3B6

How must controlled substance waste be documented and witnessed, and who qualifies as a witness?

Witness qualification is state-defined and frequently tested.

CITATION

D3-B-20 · Tier 2 · 3B6

Has the state adopted EPA's hazardous waste pharmaceuticals rule, and what is the position on sewerage non-controlled pharmaceutical waste?

RCRA-authorized states adopt Subpart P on their own schedules; some have not adopted it.

FEDERAL BASELINE
40 CFR 266 Subpart P.
40 CFR 266 Subpart P

CITATION

D3-B-21 · Tier 2 · 3B2

What is the pharmacist's role, if any, with medical cannabis in this state, and is it reportable to the PDMP?

Pharmacist involvement is mandated in a handful of states and prohibited in others.

CITATION

D3-C-01 · Tier 1 · 3C

What must a pharmacist report, to whom, and when — suspected diversion, forged prescriptions, impaired colleagues, child or elder abuse?

Mandated reporter status for pharmacists varies.

CITATION

D3-C-02 · Tier 1 · 3C

Must a dispensing error be reported to the board or the patient? Is there a continuous quality improvement program requirement, and is it privileged?

CQI mandates and privilege protections differ.

CITATION

D3-C-03 · Tier 2 · 3C

What is the statute of limitations for a pharmacy malpractice claim, and is there a damages cap?

Tort rules are state law.

CITATION

Is professional liability insurance required to hold a license or permit?

Rare; prune if uniform.

CITATION

D4-A-01 · Tier 1 · 4A

What pharmacy permit classes exist, and which activities require which class?

Permit taxonomies are entirely state-specific.

CITATION

D4-A-02 · Tier 1 · 4A

Must a non-resident pharmacy shipping into the state hold a license? What are the conditions, and must a pharmacist be licensed in-state?

Non-resident requirements are heavily tested.

CITATION

D4-A-03 · Tier 2 · 4A

What must be reported to the board on a change of ownership, location, name, or telephone number, and by when?

Notification deadlines differ.

CITATION

D4-A-04 · Tier 2 · 4A

What is required when a pharmacy closes — notice period, records disposition, controlled substance transfer, public notice?

Closure checklists are state-specific.

CITATION

D4-A-05 · Tier 2 · 4A

May a non-pharmacist own a pharmacy? Are there restrictions on prescriber ownership or self-referral?

Ownership restrictions exist in some states.

CITATION

D4-A-06 · Tier 1 · 4A

May a prescriber dispense from their office? Must they register with the board of pharmacy, and are there quantity, labeling or recordkeeping limits?

Some states prohibit outright, some require a dispensing permit, some allow samples only. Distinct from pharmacy ownership.

CITATION

D4-B-01 · Tier 1 · 4B

How long must each record type be retained, must it be kept on site, and does the state require retention of any record type with no federal analogue?

Retention periods differ by record type and state, and some states create record types federal law does not — Texas, for example, requires a seven-year retention on the log tying an identification code to the person who used it, against two years for most records.

CITATION

D4-B-02 · Tier 2 · 4B

May records be kept electronically only? Must they be retrievable on site, and within what time?

Readily-retrievable standards vary.

CITATION

D4-B-03 · Tier 2 · 4B

What is required when the pharmacy computer system fails — downtime procedure, manual records, reconciliation?

Downtime duties are specified in some states.

CITATION

D4-B-04 · Tier 2 · 4B

Is a daily printout or electronic verification log of dispensed prescriptions required, and who must sign it?

Signature requirements vary.

CITATION

D4-B-05 · Tier 1 · 4B

Are automated dispensing systems permitted? In which settings, who stocks and checks them, and what accuracy auditing is required?

ADC rules differ between retail and institutional.

CITATION

D4-B-06 · Tier 1 · 4B

May prescriptions be processed or verified remotely, including from another state or from home? What registration applies?

Remote verification expanded sharply post-2020.

CITATION

D4-B-07 · Tier 1 · 4B

Is telepharmacy permitted? What are the site, supervision, camera, and distance requirements?

Telepharmacy regimes are entirely state-built.

CITATION

D4-B-08 · Tier 3 · 4B

Are there state cybersecurity or access-control requirements for pharmacy systems?

Emerging; prune if absent in the first three states.

CITATION

D4-B-09 · Tier 1 · 4B

Is central fill or centralized prescription processing permitted? Must the central site hold a separate permit, whose name and address appear on the label, and which pharmacy owns the dispensing record?

Named in the outline and distinct from remote verification. Entirely state-structured.

FEDERAL BASELINE

21 CFR 1306.15 addresses central fill for Schedule II prescriptions only.

21 CFR 1306.15

CITATION

D4-C-01 · Tier 2 · 4C

What minimum equipment, references, and physical space must a pharmacy maintain?

Required reference lists still exist in some states.

CITATION

D4-C-02 · Tier 1 · 4C

May the store remain open while the pharmacy department is closed? What securing is required?

Securing standards differ.

CITATION

D4-C-03 · Tier 2 · 4C

Must pharmacy hours be posted, and where? Must the board be notified of a change?

Posting duties vary.

CITATION

D4-C-04 · Tier 2 · 4C

Must licenses and permits be displayed? Original or copy? May a home address be obscured?

Display rules differ.

CITATION

D4-C-05 · Tier 2 · 4C

What notices must be posted for the public — price, complaint, counseling rights, opioid warning?

Mandatory notices are state-specific.

CITATION

D4-C-06 · Tier 1 · 4C

How must controlled substances be stored — dispersed, locked cabinet, safe? Does the answer differ by schedule or setting?

Storage standards differ from federal in some states.

CITATION

D4-C-07 · Tier 2 · 4C

Who may hold a key to or access the pharmacy in the pharmacist's absence?

After-hours access is tightly specified.

CITATION

D4-C-08 · Tier 2 · 4C

What are the storage, accountability, and floor-stock rules for controlled substances in a hospital?

Institutional rules are separate.

CITATION

D4-C-09 · Tier 2 · 4C

What are the equivalent rules in a long-term care facility, including emergency kits and their contents?

Emergency kit contents are state-approved.

CITATION

D4-C-10 · Tier 3 · 4C

Are storage temperature monitoring and excursion documentation required?

Prune if uniform.

CITATION

D4-D-01 · Tier 1 · 4D

May prescriptions be delivered or mailed? What packaging, identification, and signature requirements apply, and do controlled substances differ?

Delivery rules are state-built.

CITATION

D4-D-02 · Tier 2 · 4D

May prescriptions be left at an unattended address, with a third party, or in a locker?

Unattended delivery is restricted in some states.

CITATION

D4-D-03 · Tier 2 · 4D

Are drive-through windows permitted, and does counseling have to be offered there?

Drive-through counseling duties vary.

CITATION

May a pharmacy use a courier or a locker at a remote site, and must that site be registered?

Overlaps telepharmacy; prune if redundant.

CITATION
