

Andy Beshear
Governor

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601
Phone (502) 564-7910
Fax (502) 696-3806
<http://pharmacy.ky.gov>

Board Members
Jason Belcher, Consumer
Meredith Figg, PharmD
Anthony B. Tagavi, PharmD
Jonathan Van Lahr, RPh
Kimberly S. Croley, PharmD
Ronald Poole, RPh

Executive Director
Christopher P. Harlow, PharmD

August 4, 2025

Senator Stephen West
Representative Derek Lewis
Legislative Research Commission
083, Capitol Annex
702 Capitol Avenue
Frankfort, KY 40601

Dear Co-Chairs:

After consideration of the issues raised by 201 KAR 2:045, the Board of Pharmacy proposes the attached suggested substitutes to the ordinary regulation. The suggested substitutes enhance the clarity and consistency of the regulation, but do not change the substantive content of the regulation.

Sincerely,

Christopher P. Harlow, Pharma.D., Executive Director

SUGGESTED SUBSTITUTE
BOARDS AND COMMISSIONS
Board of Pharmacy
(Amendment)

201 KAR 2:045. Technicians.

RELATES TO: KRS 142.301, 315.010[(12), (20), (26)], 315.020[(4)(b)], 315.136, 315.191(1)[(a), (g), (l)]

STATUTORY AUTHORITY: KRS 315.010(21)(20), 315.020(4)(b), 315.191(1)(a), (g), (l)

CERTIFICATION STATEMENT:

NECESSITY, FUNCTION, AND CONFORMITY: KRS 315.191(1)(a) authorizes the board to promulgate administrative regulations governing pharmacy technicians. KRS 315.020(4)(b) authorizes the board to establish the scope of practice for pharmacy technicians. KRS 315.010(21)(20) and 315.191(1)(l) authorize the board to promulgate administrative regulations establishing **that[when]** a pharmacy technician **may[can]** practice under the general, rather than immediate, supervision of a pharmacist. This administrative regulation establishes the qualifications required for a pharmacy technician to practice under the general supervision of a pharmacist[.] and establishes the scope of practice for a pharmacy technician.

Section 1. Certified Pharmacy Technician Recognition.~~[A person shall be recognized by the board as a certified pharmacy technician, if:]~~

~~[(1)]~~

~~[(a)]~~ A person shall be recognized by the board as a certified pharmacy technician[.] if **the person has successfully completed the:**

~~[(1)(b)]~~~~[(a)]~~~~[-The person has successfully completed the]~~ Pharmacy Technician Certification Exam (PTCE) administered by the Pharmacy Technician Certification Board (PTCB) or the Examination for the Certification of Pharmacy Technicians (ExCPT) by the National Healthcareer Association (NHA)[.] and~~[(c)]~~~~[(b)]~~ the certificate issued by the PTCB or NHA is current; or

(2) ~~[-The person has successfully completed the-]~~ Nuclear Pharmacy Technician Training Program at the University of Tennessee or other entity approved by the Board of Pharmacy.

Section 2. Registered **Pharmacy** Technician.

(1) A registered pharmacy technician may, under the immediate supervision of a pharmacist, engage in the following activities at a permitted location to the extent that the activities do not require the exercise of professional judgment:

(a) Initiate or receive telephonic or electronic communication from a practitioner or practitioner's agent concerning refill authorization. If the practitioner or practitioner's agent communicates information that does not relate to the refill authorization:

1. The technician shall immediately inform the pharmacist; and
2. The pharmacist shall receive the communication;

(b) Enter information into and retrieve information from a database or patient profile, including order entry;

(c) Prepare and affix labels;

- (d) Stock and retrieve, or return product to or from the pharmacy inventory, including the stocking and loading of an automated filling or dispensing system with the use of barcode technology;
- (e) Count and pour prescription drugs into patient storage containers;
- (f) Obtain, record, or maintain information for a patient record;
- (g) Make an offer to counsel;
- (h) Sell and record the sale of an over-the-counter ephedrine, pseudoephedrine, or phenylpropanolamine product;
- (i) Prepare for delivery unit dose mobile transport systems that have been refilled by another technician in an institutional pharmacy;
- (j) Receive diagnostic orders within a nuclear pharmacy; and~~[7]~~
- (k) Non-sterile and sterile drug compounding.

(2) A registered pharmacy technician may, under electronic supervision, perform order entry from a location outside of the permitted pharmacy pursuant to KRS 315.020(5)(b) and (c) **and 201 KAR 2:480.**

(3) A registered pharmacy technician may, under general supervision:

(a) Administer a vaccine to an individual if the technician:

1. Completes a minimum of two (2) hours of immunization-related continuing education accredited by the Accreditation Council for Pharmacy Education (ACPE) per each state registration period;
2. Completes, or has completed, a practical training program accredited by ACPE that includes hands-on injection technique and the recognition and treatment of emergency reactions to vaccines; and
3. Possesses a current certificate in basic cardiopulmonary resuscitation.

(b) Stock an automated dispensing system in a residential hospice facility if a pharmacist is on-site; and

(c) Administer point of care tests.

Section 3. Certified Pharmacy Technician. A certified pharmacy technician, under the general supervision of a pharmacist, may be delegated by the supervising pharmacist to perform any function within the practice of pharmacy except the following:~~[the following functions under the general supervision of a pharmacist:]~~

- (1) Patient counseling, including clinical advisement necessary to all areas of a patient's health;
- (2) Drug evaluation, utilization, and regimen review;
- (3) Interpretation of medical orders and prescriptions;
- (4) Final product verification;
- (5) Receipt of new verbal prescription drug or medical orders; and
- (6) Other acts, services, or decisions that require professional judgement.

~~[(1)] [Certify for delivery unit dose mobile transport systems that have been refilled by another technician;]~~

~~[(2)] [Within a nuclear pharmacy, receive diagnostic orders; and]~~

~~[(3)]~~

~~[(a)] [Initiate or receive a telephonic communication from a practitioner or practitioner's agent concerning refill authorization, after the certified pharmacy technician clearly identifies himself or herself as a certified pharmacy technician; and]~~

~~[(b)] [If a practitioner or practitioner's agent communicates information that does not relate to the refill authorization:]~~

~~[1.] [A technician shall immediately inform the pharmacist; and]~~

~~[2.] [The pharmacist shall receive the communication.]~~

Section 4.~~[Section 3.]~~ Directing Pharmacist Responsibility.

~~(1) [A technician who has not been certified by PTCB or NHA may perform the functions specified by Section 2 of this administrative regulation under the immediate supervision of a pharmacist.]~~

~~[(2)] A function performed by a certified pharmacy technician or registered pharmacy technician shall be performed subject to the review of the pharmacist who directed the technician to perform the function.~~

~~(2)[(3)] A pharmacist who directs a certified pharmacy technician or registered pharmacy technician to perform a function shall be responsible for the technician and the performance of the function.~~

Section 5. Pharmacy Technician Application ***and Renewal.***

(1) Initial Registration for Pharmacy Technician.

(a) An applicant shall provide a completed Application for Registration as a Pharmacy Technician form.

(b) The initial application shall be submitted no more than thirty (30) calendar days after the applicant commences employment at a pharmacy.

(2) Annual Renewal Requirement for Pharmacy Technician.

(a) Registered pharmacy technician licenses shall expire on March 31 of the year following the initial registration.

(b) A registered pharmacy technician shall renew the registration annually by providing a completed Application for Pharmacy Technician Renewal form.

(3) Fee Exception: Charitable. An applicant for registration as a pharmacy technician who serves only on a voluntary basis as a pharmacy technician with a pharmacy operated by a charitable provider as defined in KRS shall not be required to pay the application fee.

(4) Display of Registration Certificate for Pharmacy Technician.

(a) The registration certificate for a pharmacy technician shall be on display at his or her primary place of employment.

(b) The registration shall be exhibited upon request of a member, inspector, or agent of the board.

(5) Notification Requirement. A pharmacy technician shall notify the board of a change of employer within fourteen (14) calendar days of the change.

[An applicant shall provide the following information as part of their initial technician registration application:

~~(1) Name, maiden, and other names used currently or previously;~~

~~(2) telephone number;~~

~~(3) address;~~

~~(4) social security number;~~

~~(5) NABP eprofile number;~~

~~(6) email address;~~

~~(7) place of employment;~~

~~(8) Record of convictions of any felony or misdemeanor offense, other than traffic offenses, and whether or not a sentence was imposed or suspended;~~

~~(9) Record of any technician registration revocation, suspension, restriction, termination, or other disciplinary action by any board of pharmacy or other state authority;~~

~~(10) Record of licensure, certification or registration as a pharmacy technician in any other state, if applicable;~~

~~(11) Record of certification as a pharmacy technician with a national organization, if applicable;~~
~~and~~

(12) if they are seeking registration solely as a charitable pharmacy technician.]

Section 6. Incorporation by Reference.

(1) The following material is incorporated by reference:

(a) "Application for Registration as a Pharmacy Technician", **08/03/2025**; and

(b) "Application for Pharmacy Technician Renewal", **08/03/2025**.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Board of Pharmacy, State Office Building Annex, Suite 300, 125 Holmes Street, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m. This material is also available on the Board's website at:

<https://pharmacy.ky.gov/statutesandregulations/Documents/Applications%20for%20Individuals%20-%20Incorporated%20By%20Reference.pdf>.

**KENTUCKY BOARD OF
PHARMACY**

State Office Building
Annex, Suite 300
125 Holmes Street
Frankfort KY 40601
Phone: (502) 564-7910
Fax: (502) 696-3806

Email:
pharmacy.board@ky.gov
<http://pharmacy.ky.gov>



Kentucky Board of Pharmacy

Application for Registration as a Pharmacy Technician

Name, maiden, and other names used currently or previously:

Phone Number:

Address:

Social Security Number:

NABP Eprofile Number:

Email Address:

Current Place of Employment:

Is your place of employment a charitable pharmacy? _____

Are you a certified pharmacy technician? _____

Have you ever been convicted of a felony?

Have you ever been convicted of violation(s) of any drug/alcohol laws?

Have you been refused licensure/certification/registration or re-licensure/certification/registration by any Board of Pharmacy?

Have you had a pharmacy technician license/certification/registration surrendered to or fined, suspended, probated or revoked by any Board of Pharmacy?

Record of any technician registration revocation, suspension, restriction, termination, or other disciplinary action by any board of pharmacy or other state authority;

Attestation:

I certify that the statements contained in this application are true, complete and correct, and I agree that the statements shall form the basis of my application, and I do authorize the Kentucky Board of Pharmacy to make any investigations that it may deem appropriate and to secure additional information concerning me to any person, corporation, institution, association, Board or any municipal, county, state or federal government agencies or units, and that I understand according to the Kentucky Revised Statutes a license may be revoked or suspended for presenting any false, fraudulent or forged statement, certificate, diploma or other thing, in connection with an application or a license or permit.

**KENTUCKY BOARD OF
PHARMACY**

State Office Building
Annex, Suite 300
125 Holmes Street
Frankfort KY 40601
Phone: (502) 564-7910
Fax: (502) 696-3806
Email:
pharmacy.board@ky.gov
<http://pharmacy.ky.gov>



Kentucky Board of Pharmacy

Application for Registration as a Pharmacy Technician

Name, maiden, and other names used currently or previously:

Phone Number:

Address:

Social Security Number:

NABP Eprofile Number:

Email Address:

Current Place of Employment:

Is your place of employment a charitable pharmacy? _____

Are you a certified pharmacy technician? _____

Have you ever been convicted of a felony? [Record of convictions of any felony or misdemeanor offense, other than traffic offenses, and whether or not a sentence was imposed or suspended:]

Have you ever been convicted of violation(s) of any drug/alcohol laws?

Have you been refused licensure/certification/registration or re-licensure/certification/registration by any Board of Pharmacy? [Record of any technician registration revocation, suspension, restriction, termination, or other disciplinary action by any board of pharmacy or other state authority;]

Have you had a pharmacy technician license/certification/registration surrendered to or fined, suspended, probated or revoked by any Board of Pharmacy? [Record of licensure, certification or registration as a pharmacy technician in any other state, if applicable; and]

Record of any technician registration revocation, suspension, restriction, termination, or other disciplinary action by any board of pharmacy or other state authority; [Record of certification as a pharmacy technician with a national organization, if applicable]

Attestation:

I certify that the statements contained in this application are true, complete and correct, and I agree that the statements shall form the basis of my application, and I do authorize the Kentucky Board of Pharmacy to make any investigations that it may deem appropriate and to secure additional information concerning me to any person, corporation, institution, association, Board or any municipal, county, state or federal government agencies or units, and that I understand according to the Kentucky Revised Statutes a license may be revoked or suspended for presenting any false, fraudulent or forged statement, certificate, diploma or other thing, in connection with an application or a license or permit.

**KENTUCKY BOARD OF
PHARMACY**

State Office Building

Annex, Suite 300

125 Holmes Street

Frankfort KY 40601

Phone: (502) 564-7910

Fax: (502) 696-3806

Email:

pharmacy.board@ky.gov

<http://pharmacy.ky.gov>



Kentucky Board of Pharmacy

Application for Pharmacy Technician Renewal

Name, maiden, and other names used currently or previously:

Phone Number:

Address:

Social Security Number:

NABP Eprofile Number:

Email Address:

Current Place of Employment:

Is your place of employment a charitable pharmacy? _____

Are you a certified pharmacy technician? _____

Have you ever been convicted of a felony?

Have you ever been convicted of violation(s) of any drug/alcohol laws?

Have you been refused licensure/certification/registration or re-licensure/certification/registration by any Board of Pharmacy?

Have you had a pharmacy technician license/certification/registration surrendered to or fined, suspended, probated or revoked by any Board of Pharmacy?

Record of any technician registration revocation, suspension, restriction, termination, or other disciplinary action by any board of pharmacy or other state authority;

Attestation:

I certify that the statements contained in this application are true, complete and correct, and I agree that the statements shall form the basis of my application, and I do authorize the Kentucky Board of Pharmacy to make any investigations that it may deem appropriate and to secure additional information concerning me to any person, corporation, institution, association, Board or any municipal, county, state or federal government agencies or units, and that I understand according to the Kentucky Revised Statutes a license may be revoked or suspended for presenting any false, fraudulent or forged statement, certificate, diploma or other thing, in connection with an application or a license or permit.

**KENTUCKY BOARD OF
PHARMACY**

State Office Building
Annex, Suite 300
125 Holmes Street
Frankfort KY 40601
Phone: (502) 564-7910
Fax: (502) 696-3806
Email:
pharmacy.board@ky.gov
<http://pharmacy.ky.gov>



Kentucky Board of Pharmacy

Application for Pharmacy Technician Renewal

Name, maiden, and other names used currently or previously:

Phone[Registration] Number:

Address:

Social Security Number:

NABP Eprofile Number:

Email Address:

Current Place of Employment:

Is your place of employment [Are you solely employed as] a charitable pharmacy?

[Yes ___ No ___]

Are you a certified pharmacy technician? _____

Have you ever been convicted of a felony? [Record of convictions of any felony or misdemeanor offense, other than traffic offenses, and whether or not a sentence was imposed or suspended:]

Have you ever been convicted of violation(s) of any drug/alcohol laws? [Record of any technician registration revocation, suspension, restriction, termination, or other disciplinary action by any board of pharmacy or other state authority;]

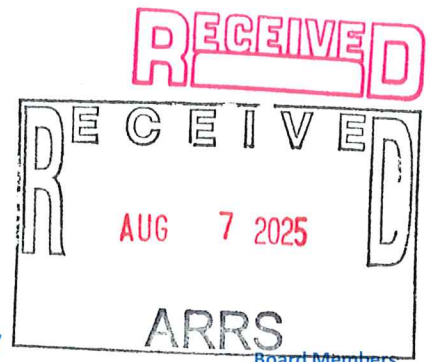
Have you been refused licensure/certification/registration or re-licensure/certification/registration by any Board of Pharmacy? [Record of licensure, certification or registration as a pharmacy technician in any other state, if applicable; and]

Have you had a pharmacy technician license/certification/registration surrendered to or fined, suspended, probated or revoked by any Board of Pharmacy? [Record of certification as a pharmacy technician with a national organization, if applicable]

Record of any technician registration revocation, suspension, restriction, termination, or other disciplinary action by any board of pharmacy or other state authority;

Attestation:

I certify that the statements contained in this application are true, complete and correct, and I agree that the statements shall form the basis of my application, and I do authorize the Kentucky Board of Pharmacy to make any investigations that it may deem appropriate and to secure additional information concerning me to any person, corporation, institution, association, Board or any municipal, county, state or federal government agencies or units, and that I understand according to the Kentucky Revised Statutes a license may be revoked or suspended for presenting any false, fraudulent or forged statement, certificate, diploma or other thing, in connection with an application or a license or permit.



Andy Beshear
Governor

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601
Phone (502) 564-7910
Fax (502) 696-3806
<http://pharmacy.ky.gov>

Board Members
Jason Belcher, Consumer
Meredith Figg, PharmD
Anthony B. Tagavi, PharmD
Jonathan Van Lahr, RPh
Kimberly S. Croley, PharmD
Ronald Poole, RPh

Executive Director
Christopher P. Harlow, PharmD

August 4, 2025

Senator Stephen West
Representative Derek Lewis
Legislative Research Commission
083, Capitol Annex
702 Capitol Avenue
Frankfort, KY 40601

Dear Co-Chairs:

After consideration of the issues raised by 201 KAR 2:165, the Board of Pharmacy proposes the attached suggested substitutes to the ordinary regulation. The suggested substitutes enhance the clarity and consistency of the regulation, but do not change the substantive content of the regulation.

Sincerely,

Christopher P. Harlow, Pharma.D., Executive Director

SUGGESTED SUBSTITUTE

BOARDS AND COMMISSIONS

Board of Pharmacy

(Amendment)

201 KAR 2:165. Transfer of prescription information.

RELATES TO: KRS 217.215~~[(2)]~~, **315.121**, 315.191~~[(1)(f)]~~, 21 C.F.R. 1306.08, 1306.25

STATUTORY AUTHORITY: KRS 217.215(2), 315.191(1)(a), (f)

CERTIFICATION STATEMENT:

NECESSITY, FUNCTION, AND CONFORMITY: KRS 315.191(f) authorizes the Board of Pharmacy to promulgate administrative regulations to control the transfer of prescription drug orders between pharmacy personnel~~[pharmacists]~~ and pharmacies. This administrative regulation establishes the procedures by which a prescription may be transferred between pharmacies in the Commonwealth or between a pharmacy and an establishment located in a state or United States Territory or District outside the Commonwealth and similarly credentialed as a pharmacy by that state or U.S. Territory or District for the purpose of dispensing.

Section 1.

(1) The transfer of prescription information for any noncontrolled substance prescription for the purpose of new or refill dispensing may occur if:

(a) It is orally communicated directly between two (2) pharmacists or pharmacist interns in the Commonwealth or between a pharmacist and an individual located in a state or U.S. Territory or District outside the Commonwealth and similarly credentialed as a pharmacist by that state or U.S. Territory or District;

(b) It is made through an online real-time computer system that provides documentation of the presence of a pharmacist or an individual located in a state or U.S. Territory or District outside the Commonwealth and similarly credentialed as a pharmacist by that state or U.S. Territory or District when the information is transferred;

(c) It is made through the use of a facsimile machine and all the information required by this administrative regulation is provided to the sending and receiving pharmacist or an individual located in a state or U.S. Territory or District outside the Commonwealth and similarly credentialed as a pharmacist by that state or U.S. Territory or District; or

(d) It is made through the use of voice recording technology and all information required by this administrative regulation is provided to the sending and receiving pharmacist or an individual located in a state or U.S. Territory or District outside the Commonwealth and similarly credentialed as a pharmacist by that state or U.S. Territory or District.

(2) If in the Commonwealth the transferring pharmacist shall record the following information:

(a) That the prescription is void;

(b) The name and address of the pharmacy or the establishment located in a state or U.S. Territory or District outside the Commonwealth that is similarly credentialed as a pharmacy by that state or U.S. Territory or District to which it was transferred and the name of the pharmacist or the individual located in a state or U.S. Territory or District outside the Commonwealth that is similarly credentialed as a pharmacist by that state or U.S. Territory or District receiving the prescription information; and

- (c) The date of the transfer and the name of the pharmacist transferring the information.
- (3) If in the Commonwealth, the pharmacist receiving the transferred prescription shall record the following information:
- (a) That the prescription is a transfer;
 - (b) The date of issuance of the original prescription;
 - (c) The refill authorization on the original prescription;
 - (d) The date of original dispensing, if applicable;
 - (e) The refill authorization remaining and the date of the last refill if applicable;
 - (f) The name and address of the pharmacy or the establishment located in a state or U.S. Territory or District outside the Commonwealth that is similarly credentialed as a pharmacy by that state or U.S. Territory or District and the original prescription number from which the prescription was transferred; and
 - (g) The name of the transferor pharmacist or the individual located in a state or U.S. Territory or District outside the Commonwealth that is similarly credentialed as a pharmacist by that state or U.S. Territory or District.
- (4) Both the original prescription and the transferred prescription shall be maintained for a period of five (5) years from the date of the last refill.
- (5) Pharmacies electronically accessing the same prescription record shall satisfy all information of a manual mode for a prescription transfer.
- (6) A pharmacist may delegate the transferring and the documentation of a transfer of a previously dispensed noncontrolled substance prescription to a certified pharmacy technician.
- (7) For verbal prescriptions, the certified pharmacy technician shall document that **he or she[they]** read back and **verified[verify]** the prescription information **if[when]** transferring or receiving a prescription transfer.

Section 2.

- (1) The transfer for an initial or new dispensing of an electronic prescription for schedules II-V may occur if the transfer complies with the requirements of 21 C.F.R. 1306.08.
- (2) The transfer of prescription information for a controlled substance prescription for schedule III, IV, and V for the purposes of refill dispensing may occur if the transfer complies with the requirements of 21 C.F.R. 1306.25.
- (3) **The transfer of prescription information shall comply with[Transfers]** the recordkeeping requirements in 201 KAR 2:171, Section 1.

Section 3. Pharmacies shall maintain documentation, as required **by[in]** 201 KAR 2:171, of transferred prescriptions for a period of five (5) years.

Section 4. Violation of a provision of this administrative regulation may constitute unethical or unprofessional conduct in accordance with KRS 315.121(2)(d), (f), and (g).