

# KENTUCKY BOARD OF PHARMACY

*Newsletter to Promote Pharmacy  
and Drug Law Compliance.*

## 2026 Board Officers

The Kentucky Board of Pharmacy has elected Meredith Figg as president and Kimberly Croley as vice president for 2026.

## Pharmacy Technician Registration Renewals

Pharmacy technician registrations expire on March 31, 2026. As a reminder, no person shall assist in the practice of pharmacy without being duly registered as a pharmacy technician, unless exempt under Kentucky Revised Statutes 315.135(2).

Every pharmacy technician shall keep their current certificate of registration conspicuously displayed in their primary place of employment. Renewals must be made online via the Licensure Gateway portal.

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## Facility License/Permit Renewals

Pharmacy permits, third-party logistics provider licenses, and outsourcer licenses expire on June 30, 2026. Renewals will open in the Licensure Gateway

on May 1, 2026. Please make sure the facility email is up to date to ensure reminder communications are received.

## Regulation Updates to 201 KAR 9:270

Effective January 22, 2026, the Kentucky Board of Medical Licensure amended 201 Kentucky Administrative Regulations (KAR) 9:270 to update requirements for physicians and physician assistants prescribing or administering buprenorphine mono-product or buprenorphine combined with naloxone to patients.

Notably, Section 1 of the amended regulation carves out several exemptions from applicability of the regulation. For instance, it allows for the prescribing or administering of buprenorphine products to address pain in certain patients, including those receiving end-of-life or palliative care, those with an active and substantiated cancer diagnosis,

during hospitalization (including in a hospital-based emergency department), or for up to 14 days following surgery.

In a new Section 2, the requirements that physicians and physician assistants have an “X waiver” issued by the Drug Enforcement Administration (DEA) and be enrolled in the Kentucky Health Information Exchange have been deleted. The requirement that they complete at least 12 hours of Category I continuing medical education specific to addiction medicine every three years remained unchanged.

Other notable amendments include that buprenorphine mono-product may be prescribed to a patient transitioning from a full

opioid agonist to buprenorphine for up to 30 days; female patients are no longer required to submit to a pregnancy test prior to treatment; and buprenorphine mono-product or combined with naloxone may be prescribed to be taken up to twice daily instead of only once daily. Many of the initiation and treatment protocols have been clarified but remain largely unchanged, including the preference for in-office observed initiations, treatment requiring patient participation in a behavioral modification program, and periodic monitoring.

Licensees should review the amended regulation to ensure compliance with updated requirements.

## 2026 Update: Telemedicine Prescribing for CS

In general, under [21 United States Code \(USC\) 829\(e\)](#), a prescription for a CS issued by means of the internet or via telemedicine is valid only if the practitioner has conducted at least one in-person medical evaluation of the patient, unless an exception applies. An exception to this in-person visit requirement was authorized during the COVID-19 public health emergency. This exception, known as “telemedicine flexibilities,” has been extended multiple times to allow for the continuity of care as new regulations are developed.

For 2026, the [Fourth Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications](#) permits CS to be prescribed via telemedicine without an in-person medical evaluation until December 31, 2026. Most telemedicine CS prescriptions in 2026 are expected to be issued under this fourth temporary extension. However, DEA and the US Department of Health and Human Services have recently proposed and promulgated new telemedicine rules to replace the

COVID-19 flexibilities and create additional exceptions to [21 USC 829\(e\)](#).

On December 31, 2025, the [Expansion of Buprenorphine Treatment via Telemedicine Encounter](#) went into effect. For 2026, if a pharmacy receives a telemedicine prescription for buprenorphine, it is legally valid if it satisfies either: the fourth temporary extension’s requirements or the applicable final rule requirements. The pharmacy is not required to determine which pathway the prescriber

## 2026 Update: Telemedicine Prescribing for CS

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used, unless something on the face of the prescription or in the surrounding circumstances makes it clear that it was issued under one of the applicable final rules on buprenorphine.

Special Registrations for Telemedicine and Limited State Telemedicine Registrations is a *proposed* rule that would apply to all CS. Until a rule is finalized by DEA, the rule in effect continues to

be the Fourth Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications.

## Board Approves Conditional Use of Automated Prescription Pickup Kiosk

At its January 21, 2026 meeting, the Board approved a facility amendment application submitted by Pikeville Medical Center Outpatient Pharmacy for the installation of a Pharmaself24 automated prescription pickup kiosk. Due to the novel nature of this technology, the Board issued a written, conditional approval outlining specific safeguards and operational requirements to ensure patient safety, security, and compliance with state and federal law.

The approval allows Pikeville Medical Center to construct and install the secure kiosk within the outpatient pharmacy lobby at its Pikeville, KY location. The kiosk's patient-facing interface is accessible only from the public lobby, while all stored prescriptions remain accessible solely from the secured pharmacy area.

As part of the Board's approval, several conditions were imposed, including the following:

**Continuous On-Site Pharmacist Presence:** A licensed Kentucky pharmacist must be physically present at the facility 24 hours a day, seven days a week. In the absence of a pharmacist, the kiosk must be completely disabled.

**Enhanced Physical and Electronic Security:** The kiosk must be constructed of ATM-grade materials, include dual internal locking mechanisms, and be subject to continuous video monitoring by facility security personnel.

**Patient Identity Verification:** The system must require patient date of birth entry and capture a photograph at the time of prescription pickup.

**Patient Consent and Counseling Safeguards:** Use of the kiosk is strictly voluntary. Patients must affirmatively "opt in," receive a secure notification when prescriptions are ready, and be explicitly offered pharmacist counseling.

**CS Excluded:** The kiosk may not be used for the dispensing of CS prescriptions.

**Ongoing Compliance Oversight:** The facility must adopt policies and procedures requiring periodic pharmacist review of audit trails and activity logs to ensure ongoing compliance with applicable state and federal law.

The Board emphasized that this approval is site-specific and conditional and does not constitute a blanket authorization for automated prescription pickup kiosks at other facilities.

Any pharmacy or facility seeking similar approval must submit a facility amendment application to the Board through the change-of-address application process. The submission must include a detailed written explanation describing the proposed kiosk or automated pickup system and demonstrating how the facility will meet comparable security, staffing, patient consent, counseling, and compliance

# Board Approves Conditional Use of Automated Prescription Pickup Kiosk

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safeguards. Each application will be evaluated on a case-by-case basis, and approval will be granted only where the Board determines that public health, safety, and welfare are adequately protected.

The Board remains committed to working collaboratively with licensees to evaluate emerging technologies while maintaining rigorous standards for patient safety, accountability, and regulatory compliance.

## Scam Alert: Don't Fall for Impersonators Claiming to Be Law Enforcement or Inspectors

DEA has issued a serious warning about an ongoing fraud scheme in which scammers impersonate DEA agents to extort money, steal personal information, and even exploit fears about drug-related investigations. These impersonators are part of a larger class of government impersonation scams affecting many professionals and members of the public.

### What's Happening

Fraudsters are placing unsolicited calls, emails, or messages claiming to be DEA agents, often using:

- Spoofed phone numbers that look legitimate
- Fake names, badge numbers, or photos of fraudulent credentials to create a false sense of authenticity
- False narratives, such as:
  - "Your identity was linked to a drug arrest or seized vehicle."
  - "Your DEA registration or license is at risk."
  - "You owe a 'fine' or must pay to resolve an investigation."
- Threats of arrest, license revocation, or legal trouble unless you comply immediately

These tactics are designed to pressure victims into sharing sensitive personal or financial information or wiring money via gift cards, wire transfer, or cryptocurrency – all untraceable to law enforcement.

Importantly, DEA or Board agents will never:

- Contact the public or medical practitioners by phone to demand payment.
- Request personal identifiers like Social Security numbers or banking information over the phone.
- Ask for fines to be paid via gift cards or similar untraceable methods.

All real legal actions are communicated in person or by official mail.

### Targeted Tactics: Health Care and Pharmacy Professionals

Recent alerts specifically warn that doctors, pharmacists, wholesale distributors, and other medical practitioners are being targeted. Scammers may reference:

- National Provider Identifier numbers
- State license numbers
- Allegations of patient complaints

These misrepresentations are used to create urgency and make the scam appear credible.

### Wider Government Impersonation Scams

DEA impersonation scams are part of a broader swirl of fraud schemes in which criminals pose as officials to exploit fear and authority:

**FBI Impersonators:** Scammers falsely claim to be Federal Bureau of Investigation (FBI) agents,

# Scam Alert: Don't Fall for Impersonators Claiming to Be Law Enforcement or Inspectors

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threatening arrest, frozen Social Security numbers, or demanding personal data and cash transfers. Federal agencies do not call, text, or email private citizens to demand money or threaten legal action.

**Board Inspector Impersonators:** Individuals pretend to be Board inspectors or regulatory officials, claiming a license will be revoked unless payment is made. No legitimate Board representative will demand fines over unsolicited phone calls or text messages.

**General Government Impersonation:** Scams claiming to be from other agencies (eg, Internal Revenue Service or Social Security Administration) use similar pressure tactics to extract money or personal information. Legitimate agencies will not demand payments via gift cards or untraceable methods.

## How to Protect Yourself

Stay vigilant and remember:

- Hang up or ignore unexpected calls demanding information or payment.

- Never share personal or financial details over unsolicited calls or messages.
- Verify independently by contacting the agency using publicly listed contact numbers – do not use numbers provided by the caller.
- Report suspicious activity to the FBI Internet Crime Complaint Center at [www.ic3.gov](http://www.ic3.gov) and the Federal Trade Commission at [reportfraud.ftc.gov](http://reportfraud.ftc.gov).
- If sensitive personal information (like a Social Security number) was given, visit [identitytheft.gov](http://identitytheft.gov) for recovery and protection steps.

## Final Note

Impersonating a federal agent or government official is a federal crime. Awareness and education are the best defenses against these evolving and often sophisticated scams – whether the impostor claims to be from DEA, the FBI, a regulatory board, or any official agency.



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