

CRANK'S CORNER

UPDATED ILLINOIS PHARMACY PRACTICE ACT RULES FOR 2026

Christopher W. Crank, PharmD, MS, BCPS, FASHP

Executive Vice President - Illinois Council of Health-System Pharmacists



A new set of proposed rules was published in the Illinois Register in the April 18, 2025 issue. All citizens of Illinois had the ability to provide comment on the proposed rules to the Illinois Department of Financial and Professional Regulation. The department kept the comment period open for significantly longer than the required 45 day period. The proposed rules were published in second notice on January 16, 2026. The effective date for the finalized rules was December 30, 2025.

JANUARY 16, 2026 ILLINOIS REGISTER:

https://www.ilsos.gov/content/dam/departments/index/register/volume50/register_volume50_3.pdf

SUMMARY OF THE RULES CHANGES

• Section 1330.20 Fees – New fees:

<https://ilga.gov/commission/jcar/admincode/068/068013300A00200R.html>

- Technician application: \$50 up from \$40
- Technician renewal: \$35 up from \$25
- Pharmacist application: \$400 up from \$75
- Pharmacist renewal (every 2 years): \$350 up from \$150
- Pharmacy license application: \$600 up from \$100
- Pharmacy license renewal (every 2 years): \$500 up from \$200

Comments: ICHP had discussions with IDFPR on fee increases. Unfortunately, there was limited opportunity to advocate to maintain the old fees or utilize a more gradual approach to the increase. Without the fee increase, the Illinois State Pharmacy Fund and the General Professions Fund for Pharmacy Programs would have gone insolvent by early 2027.

<https://ilga.gov/documents/legislation/ilcs/documents/022500850K27.htm#:~:text=providing%20the%20examination.-,Failure%20to%20appear%20for%20the%20examination%20on%20the%20scheduled%20date,for%20pharmacists%20and%20pharmacy%20technicians.>

• Section 1330.30 Unprofessional and Unethical Conduct:

<https://ilga.gov/commission/jcar/admincode/068/068013300A00300R.html>

• Language added on unprofessional conduct :

- *Failing to full comply or respond to a Department subpoena within 60 days*
- *Committing any other act or omission that breaches the pharmacist's responsibility to a patient according to the accepted standard of care in pharmacy practice.*

• Section 1330.80 Renewals:

<https://ilga.gov/commission/jcar/admincode/068/068013300A00800R.html>

• General

- All pharmacy professional licenses will move to an every two-year renewal
- The exception is pharmacy students licensed as a technician whose licenses will need to be renewed yearly.
- Licensed individuals must update their email address with IDFPR

• Updates to requirements for technicians

- Certification
 - Clarifies that technicians have two years from initial license issuance to become certified whether the license has been active, inactive, or not renewed during the initial two years.
 - Example: A pharmacy technician gets licensed and works for 6 months then leaves the profession. Three years later the individual decides to work in pharmacy again. The two years to get certified passed. To become licensed again, the technician must become certified first.

• CE requirements

- *Certified pharmacy technicians must certify to having completed the continuing education requirements of Section 1330.230.*

- **Section 1330.90 Restoration:**
<https://ilga.gov/commission/jcar/admincode/068/068013300A00900R.html>

- Updates restoration requirements with new language for pharmacy licenses and technician licenses
 - *A pharmacy technician seeking restoration of a license that is inactive or not renewed shall file an application for restoration including payment of the renewal fee and evidence of meeting the renewal requirements of Section 1330.80.*
 - *A pharmacy whose license has been expired for one year or more may not have its license restored but must apply for a new license and meet all requirements for licensure.*

- **Section 1330.120 Administration of Tests and Therapeutics (New Section):**
<https://ilga.gov/commission/jcar/admincode/068/068013300A01200R.html>

- **Test and Treat rules**
 - Outlines conditions for which tests and therapeutics may be ordered
 - Influenza
 - SARS-CoV-2
 - Group A Streptococcus
 - Respiratory syncytial virus
 - Adult-stage head louse
 - Health conditions identified by a statewide public health emergency, as defined in the Illinois Emergency Management Agency Act.
 - Pharmacists may delegate administrative and technical tasks
 - Pharmacists shall practice within the standard of care
 - BLS is required
 - Current treatment recommendations and guidelines must be available
 - Patient health history intake form
 - Record-keeping and reporting requirements

Comments: If your pharmacy is considering offering test and treat services, a thorough review of this section of the rules is necessary.

- **Section 1330.210 Pharmacy Technician Training:**
<https://ilga.gov/commission/jcar/admincode/068/068013300B02100R.html>

- Added *The administrative and technical tasks of performing a test as provided Section 3(d)(17) of the Act* for test and treat

- **Section 1330.215 Minimum Standards for Approved Work Experience Pharmacy Technician Certification:**
<https://ilga.gov/commission/jcar/admincode/068/068013300B02150R.html>

- Added 100 hours of didactic education if using this section of rules as a training method for technicians

Comments: There are currently three options for training technicians in Illinois

Completion of:

1. An ACPE/ASHP accredited training program
2. 500 hours or training focusing on the following areas of practice outlined in the Pharmacy Practice Act
 - a. The duties and responsibilities of technicians and pharmacists
 - b. Tasks and technical skills, policies, and procedures
 - c. Compounding, packaging, labeling, and storage
 - d. Pharmaceutical and medical terminology
 - e. Record keeping requirements
 - f. The ability to perform and apply arithmetic
3. 500 hours of training as outlined in Section 1330.215 of the rules

- **Section 1330.230 Continuing Education ("CE") for Certified Pharmacy Technicians:**
<https://ilga.gov/commission/jcar/admincode/068/068013300B02300R.html>

- Changed back to 20 hours of CE for certified technicians every two years
- Went back to 1 hour each of patient safety and law CE every 2 years for certified technicians

- **Section 1330.500 Community Pharmacy Services:**
<https://ilga.gov/commission/jcar/admincode/068/068013300E05000R.html>

- An invoice is required for all pharmacy-to-pharmacy drug transfers.

- **Section 1330.510 Telepharmacy:**
<https://ilga.gov/commission/jcar/admincode/068/068013300E05100R.html>

- *Unless staffed by an onsite pharmacist, a pharmacist at the home pharmacy must verify each prescription before it leaves the remote site.*
- *A remote dispensing site must maintain a log with the date and time when a pharmacist is working onsite.*
- The site shall have *an area room* for patient consultation exclusive of any waiting area.

- **Section 1330.520 Offsite Institutional Pharmacy Services:**
<https://ilga.gov/commission/jcar/admincode/068/068013300E05200R.html>

- Pharmacies that are not located in the facilities they serve and whose primary purpose is to provide services to patients or residents of facilities licensed under the Nursing Home Care Act, the Hospital Licensing Act, the University of Illinois Hospital Act, *the Ambulatory Surgical Treatment Center Act*, or the Illinois Department of Human Services shall, in addition to any other requirements of the Act and this Part, comply with this Section.
- Medication dispensing in the absence of a pharmacist
 - When medication is removed from the cabinet or enclosure, *a valid practitioner's order written physician's orders* authorizing the removal of the medication shall be placed in the cabinet or enclosure.

Comments: This section of the rules was updated to take into account the new classification of pharmacy services, Outpatient Clinic Pharmacy Services (Section 1330.570).

- **Section 1330.530 Onsite Institutional Pharmacy Services:**
<https://ilga.gov/commission/jcar/admincode/068/068013300E05300R.html>

- Removes language that is covered elsewhere in the rules or by updates to the rules

- **Section 1330.570 Outpatient Clinic Pharmacy Services (New Section):**
<https://ilga.gov/commission/jcar/admincode/068/068013300E05700R.html>

- **Outline of rules section**
 - Defines outpatient clinic pharmacy
 - Contracting Services
 - Investigational drugs
 - PIC requirements
 - Staffing requirements
 - Recordkeeping requirements
 - Labeling requirements
 - Storage requirements
- *Outpatient Clinic Pharmacies are defined as those pharmacies not located in or servicing patients of a facility licensed as defined in Section 1330.520(a), whether located in a health care facility or another location that provides outpatient treatment or care.*
 - *Section 1330.520 (a) describes Offsite Institutional Pharmacy Services*
- *Contracting Services. Outpatient clinic pharmacies may contract with outpatient clinics to provide pharmacy services. The contract must define the scope of pharmacy services to be provided and delineate the specific duties and responsibilities of each party.*

Comments: This new section of the rules attempts to address non-institutional pharmacies that provide services to outside facilities such as infusion centers and ambulatory surgery centers. It is not meant to apply to institutional pharmacies that provide services at one of the institution's own offsite locations. The new section requires outside contracted pharmacies to provide the same level of care and services that institutional pharmacies provide for their offsite locations.

- **Section 1330.610 Pharmacy Structural/Equipment Standards:**
<https://ilga.gov/commission/jcar/admincode/068/068013300F06100R.html>

- Notification shall be submitted to the Division that an existing pharmacy will be remodeled.
- *Approval is required prior to initiation of any remodel.*

- **Section 1330.660 Pharmacist-in-Charge:**
<https://ilga.gov/commission/jcar/admincode/068/068013300F06600R.html>

- Within 30 days after a change of a pharmacist-in-charge, the Division shall be notified in writing by the departing pharmacist-in-charge *and the pharmacy license holder*.
- In addition to notifying the Division within 30 days, the *incoming departing* pharmacist-in-charge shall, on the effective date of the change, inventory the following controlled substances:
 - All Schedule II drugs, as defined in the Illinois Controlled Substances Act, by actual physical count;
 - All other scheduled drugs, as defined in the Illinois Controlled Substances Act, by estimated count.
 - *The pharmacy license holder is equally responsible for ensuring that such inventory is completed.*
- The inventory described in subsection (g) shall constitute, for the purpose of this Section, the closing inventory of the departing pharmacist-in-charge and the initial inventory of the incoming pharmacist-in-charge. This inventory record shall be preserved in the pharmacy for a period of 5 years. *An affidavit attesting to the completion of the inventory and preservation of the inventory record, bearing the date of the inventory and the name and signatures of the departing and the incoming pharmacist-in-charge, shall be submitted to the Division at its principal office within 30 days after the change in the pharmacist-in-charge.*
- *Failure on the part of a pharmacy to provide notification of a change in pharmacist-in-charge required in subsection (f) shall be grounds for denying an application or renewal application for a pharmacy license or for disciplinary action against a pharmacy.*
- Records shall be retained as provided for in Section 18 of the Act. Invoices for all legend drugs *and controlled substances* shall be maintained for a period of 5 years either on site or at a central location where records are readily retrievable. Invoices shall be maintained on site for at least one year from the date of the invoice.

- **Section 1330.680 Automated Dispensing and Storage Systems:**
<https://ilga.gov/commission/jcar/admincode/068/068013300F06800R.html>

- Added language about automated dispensing cabinet use under the newly defined Outpatient

Clinic Pharmacies Services (Section 1330.570)

- An automated dispensing and storage system is authorized for use in any licensed hospital, long-term care facility, *facilities serviced by an outpatient clinic pharmacy*, or hospice residence ("facility"). For all nonresident pharmacies, the pharmacist-in-charge and all pharmacy personnel who provide services while physically present at a facility located in Illinois must be licensed in Illinois.

- **Section 1330.700 Patient Counseling:**
<https://ilga.gov/commission/jcar/admincode/068/068013300G07000R.html>

- Upon receipt of a new or refill prescription, a prospective drug regimen review or drug utilization evaluation shall be performed. Prior to dispensing a prescription to a new patient, a new *drug prescription* to an existing patient, or a medication that has had a change in the dose, strength, route of administration or directions for use, the pharmacist, or a student pharmacist directed and supervised by the pharmacist, shall provide verbal counseling to the patient or patient's agent on pertinent medication information. An offer to counsel shall be made on all other prescriptions.

- **Section 1330.770 Centralized Prescription Filling:**
<https://ilga.gov/commission/jcar/admincode/068/068013300G07700R.html>

- Outline of rules section
 - Definitions
 - Policy and procedure requirements
 - Recordkeeping requirements
 - Delivery of medications

Comments: If you have a central fill service at your institution, a thorough review of this section is necessary.

This are a lot of updates to the rules to unpack. If you have questions, please do not hesitate to reach out to me at chrisc@ichpnet.org. If you would like to hear a summary of these rules in podcast form, check out the February 19, 2026 edition of the *Crank it up with ICHP* podcast, "Pharmacy Practice Act: Unpacking the New Rules." ■