4729-5-24 **Prescription copy.**

- (A) A pharmacist may transfer a copy of a prescription; a pharmacist may refill a copy of a prescription; such actions must be in accordance with the following unless otherwise approved by the state board of pharmacy:
 - (1) Copies of prescriptions shall be transferred only between pharmacists except as provided in paragraph (G) of this rule; copies of prescriptions for controlled substances pursuant to sections 3719.41, 3719.43, and 3719.44 of the Revised Code shall be communicated directly between two pharmacists and shall be transferred only one time. However, pharmacies electronically sharing a real time, online database may transfer a controlled substance prescription up to the maximum number of refills permitted by law and the prescriber's authorization pursuant to paragraph (A)(43) of this rule.
 - (2) The copy transferred shall be an exact duplicate of the original prescription except that it shall also include:
 - (a) Serial prescription number assigned to the prescription;
 - (b) Name and address (and "D.E.A." number for controlled substance prescriptions) of the pharmacy transferring the copy;
 - (c) Date of issuance of the prescription;
 - (d) Date of original dispensing of the prescription;
 - (e) Original number of refills;
 - (f) Date of last refill;
 - (g) Number of valid refills remaining; and
 - (h) The full name of the transferring pharmacist.
 - (3) Copies transferred for nonrefillable prescriptions shall be marked on the face of the prescription or orally noted by the transferring pharmacist "For Information Purposes Only" and are not valid prescriptions for the dispensing of drugs.
 - (4)(3) The pharmacist transferring a copy of a prescription must:

(a) Cancel the original prescription by writing the word "void" on the face of the prescription in such a way as to avoid destroying any of the original information contained on the prescription;

- (b) Record on the reverse side of the original written prescription:
 - (i) The date of transfer;
 - (ii) His/her signature; and
 - (iii) The name and address (and "D.E.A." number for controlled substance prescriptions) of the pharmacy receiving the prescription and the full name of the pharmacist receiving the prescription.
- (c) Except, if an alternate record keeping system is being used pursuant to rule 4729-5-27 of the Administrative Code, copies of prescriptions may be transferred by a pharmacist if the prescription record in the system is invalidated to prevent further dispensing at the original site. The prescription record in the system must contain the date of transfer, full name of pharmacist making transfer, full name of pharmacist receiving the prescription, and the name and address of the pharmacy receiving the copy. Also, original written prescriptions for controlled substances must be canceled as required in paragraphs (A)(43)(a) and (A)(43)(b) of this rule.

(5)(4) The pharmacist receiving a copy of a prescription must:

- (a) Exercise reasonable diligence to determine validity of the copy;
- (b) Reduce an oral prescription to writing by recording all of the information transferred (must include all information required in paragraph (A)(2) of this rule) and write the word "transfer" on the face of the prescription;
- (c) Record date of transfer on the face of the prescription.
- (B) A prescription copy may be transferred between two pharmacies if the two pharmacies are accessing the same prescription records in a centralized database or pharmacy computers linked in any other manner. The computerized systems must satisfy all information requirements of paragraphs (A)(2) and (A)(43)(c) of this

rule. This shall include invalidation of the prescription record in the system to prevent further dispensing at the original site and, if a controlled substance prescription, the canceling of the original written prescription as required in paragraphs $(A)(4\underline{3})(a)$ and $(A)(4\underline{3})(b)$ of this rule. A system must be in place that will allow only authorized access to these computerized prescription records by a pharmacist and indicate on the prescription record when and by whom such access was made.

- (C) A prescription copy may be transferred between two pharmacists by the use of a facsimile machine. This facsimile may be considered to be a copy of a prescription if all information requirements of paragraph (A) of this rule, including invalidation of the original prescription or computer records, are met. A system must be in place that will show on the facsimile positive identification of the transferring and receiving pharmacists which must become a part of the prescription record. Facsimile copies must be recorded in writing pursuant to section 4729.37 of the Revised Code, or stored in such a manner that will allow retention of the prescription record for three years from the date of the last transaction.
- (D) Information on a prescription is the property of the patient and is intended to authorize the dispensing of a specific amount of medication for use by the patient. Original copies of prescriptions shall be maintained by pharmacies for the purpose of documenting the dispensing of drugs to a particular patient.
 - (1) In the event that the pharmacy is not able to provide the medication when needed by the patient pursuant to an authorized refill, the pharmacist shall, upon the request of the patient, transfer the prescription information to the pharmacy designated by the patient.
 - (2) No pharmacy shall refuse to transfer information about a previously dispensed prescription to another pharmacy when requested by the patient. Prescription information shall be transferred in accordance with this rule as soon as possible in order to assure that the patient's drug therapy is not interrupted.
- (E) Prescriptions entered into a computer system but not dispensed may be transferred to another pharmacy if all of the following conditions are met:
 - (1) The complete prescription information has been entered into the computer system;
 - (2) The information is displayed on the patient's profile;
 - (3) There is positive identification, either in the computer system or on the hard

- copy prescription, of the pharmacist who is responsible for entering the prescription information into the system;
- (4) The original prescription is filed in accordance with rule 4729-5-09 of the Administrative Code;
- (5) All requirements of this rule are met for the transfer of the prescription.
- (F) Transfer of prescription information between two pharmacies which are accessing the same real time, online database pursuant to the operation of a board approved central filling operation shall not be considered a prescription copy and, therefore, is not subject to the requirements of this rule.
- (G) A licensed pharmacy intern may send or receive copies of prescriptions pursuant to the following:
 - (1) The pharmacist on duty who is supervising the activity of the intern will determine if the intern is competent to send or receive a prescription copy.
 - (2) The pharmacist on duty who is supervising the activity of the intern is responsible for the accuracy of a prescription copy that is sent or received by an intern.
 - (3) The supervising pharmacist must be immediately available to answer questions or discuss the prescription copy that is sent or received by an intern.
 - (4) The intern may not send or receive a prescription copy for a controlled substance.
 - (5) The pharmacist or intern receiving a prescription copy from an intern must document the full names of the sending intern and his/her supervising pharmacist. The receiving intern shall immediately reduce the prescription copy to writing and shall review the prescription with the supervising pharmacist. Prior to dispensing, positive identification of the intern and the supervising pharmacist shall be made on the prescription to identify the responsibility for the receipt of the copy.
 - (6) The pharmacist or intern sending a prescription copy to an intern must document the full names of the receiving intern and his/her supervising pharmacist. There must be documented positive identification of the sending intern and his/her supervising pharmacist who authorized the transfer of the prescription copy.

(7) The approved intern and the supervising pharmacist must meet all the requirements of this rule.

Effective: 01/15/2016

Five Year Review (FYR) Dates: 10/22/2015 and 10/01/2020

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12/29/2015

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Prior Effective Dates: 10/1/1971, 8/1/1984, 7/1/1990, 7/1/1992, 1/17/1997,

7/1/1997, 2/1/1998, 3/1/1999, 3/31/2000, 2/1/2002, 2/1/2003, 2/1/2005, 4/27/2007, 1/1/2010, 1/1/2011,

6/16/11, 05/22/2014

4729-7-01 **Definitions.**

As used in Chapter 4729-7 of the Administrative Code.

- (A) "Approved continuing education" is defined as participation in an organized and structured continuing pharmacy education experience that has been presented by an approved provider or the state board of pharmacy and that presents information directly related to the practice of pharmacy.
- (B) "Approved provider" is defined as an individual, institution, organization, association, corporation, or agency that has been approved by the state board of pharmacy and/or accredited by the "Accreditation Council for Pharmacy Education" (A.C.P.E.).
- (C) "Continuing education unit (C.E.U.)" is defined as ten contact hours of participation in an organized continuing pharmacy education experience presented by an approved provider.
- (D) "Continuing pharmacy education", as required in section 4729.12 of the Revised Code, is defined as post-registration pharmacy education of approved quality undertaken to maintain professional competency to practice pharmacy, improve professional skills, and preserve uniform qualifications for continuing the practice of the profession for the purpose of protecting public health and welfare.
- (E) "Pharmacy jurisprudence" related continuing education shall include <u>any A.C.P.E.</u> law program as identified by A.C.P.E numbering convention "03" or, if an in-state <u>provider of continuing education, an</u> Ohio state board of pharmacy approved continuing pharmacy education experiences that deal with current laws, rules, and regulations dealing with the practice of pharmacy and the recent changes that have occurred to those laws, rules and regulations.
- (F) "Patient or medication safety" related continuing education shall include any A.C.P.E. program as identified by A.C.P.E. numbering convention "05" that deals with the prevention of healthcare errors and the elimination or mitigation of patient injury caused by healthcare errors.

4729-7-01

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Rule Amplifies: 4729.01, 4729.12

Prior Effective Dates: 11/20/1972, 9/15/1979, 2/15/1995, 3/1/1999, 1/1/2004,

1/1/2006, 4/27/2007, 01/01/2009, 09/03/2014

4729-7-02 Requirements for renewal of a pharmacist identification card.

- (A) Except as provided in rule 4729-7-08 of the Administrative Code, evidence of six C.E.U.s of approved continuing education shall be submitted to the board no later than September fifteenth of the year in which evidence of the continuing pharmacy education is required for identification card renewal. At least 0.3 C.E.U.s of the total required C.E.U.s must be obtained from Ohio state board of in pharmacy approved programs in jurisprudence and at least 0.2 C.E.U.s of the total required C.E.U.s must be obtained in patient or medication safety.
- (B) The C.E.U.s must be obtained within a period of time that is no more than three years prior to September fifteenth of the year in which evidence of the continuing pharmacy education is required for identification card renewal. A pharmacist shall be subject to further action of the board if the continuing pharmacy education is not submitted to the board by September fifteenth of the year in which evidence of the continuing pharmacy education is required for identification card renewal. If reporting continuing education is required after a pharmacist's license has lapsed or where the license is being renewed after board action, continuing education must be obtained during the three year period immediately preceding the date the renewal application is filed with the board office.
- (C) C.E.U.s obtained in excess of the required C.E.U.s at the time the continuing education is required for identification card renewal, may not be transferred and applied to future requirements.
- (D) For the first four C.E.U. reporting years following the adoption of this rule (2014, 2015, 2016 and 2017), the board may accept C.E.U.s within a period of time from March first, three years prior to September fifteenth of the year in which evidence of the continuing pharmacy education is required for identification card renewal.
- (E) A pharmacist whose identification card has lapsed or has been suspended may renew his/her identification card, if he/she qualifies for renewal pursuant to section 4729.12 or section 4729.13 of the Revised Code, by paying the required fee, completing the application for renewal, and, if he/she would have been required to report continuing pharmacy education during the period of lapse or suspension, by providing evidence of having obtained the number of C.E.U.s required at the time of renewal by submitting the certificates of participation obtained during the three-year period immediately preceding the date of applying for renewal.
- (F) Ohio-registered pharmacists who hold a current license in states where continuing education is mandatory, have met the continuing pharmacy education requirements of that state, and who do not practice pharmacy in Ohio, may renew their identification card by paying the required fee, completing the application for renewal, and submitting the following signed statement on their continuing pharmacy education report form:

4729-7-02

"I declare under penalties of falsification that I hold a current and valid pharmacist license, number (insert license number), in the state of (insert name of state), that I have met the continuing pharmacy education requirements of this state and I do not presently practice pharmacy in the state of Ohio. I hereby agree to immediately notify the Ohio state board of pharmacy if I return and commence the practice of pharmacy in the state of Ohio."

- (G) The state board of pharmacy may grant extension periods and waivers for the completion of license renewal and continuing education requirements for active military service members and their spouses. If a current pharmacist or their spouse is called to active duty for military service, the time period allowed for completion of any continuing education requirements will be extended by the amount of time that the pharmacist or the pharmacist's spouse was on active duty. A pharmacist seeking an extension period or waiver must provide documentation to the board demonstrating active-duty service.
- (H) If a pharmacist is a member of the armed forces, reserves, the Ohio national guard, the Ohio military reserve, or the Ohio naval militia, the state board of pharmacy shall consider relevant military education, training or service that has been completed by the license holder when determining the fulfillment of any continuing education requirements.

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Prior Effective Dates: 11/20/1972, 09/15/1979, 02/15/1982, 07/01/1984,

09/01/1985, 03/21/1988, 07/01/1994, 02/15/1995, 04/15/1999, 02/01/2002, 01/01/2006, 04/27/2007,

05/22/2014

4729-7-08 Alternative methods of proving continuing competency.

- (A) As an alternative to providing evidence of all of the required C.E.U.s of approved continuing education as required by rule 4729-7-02 of the Administrative Code except for the 0.3 C.E.U.s of Ohio state board of pharmacy approved jurisprudence and 0.2 C.E.U.s of patient or medication safety, a pharmacist may satisfy the continuing pharmacy education requirements by providing evidence at the time of renewal that he/she has met the requirements of and is currently certified by a board approved pharmacy practice specific specialty certification program. At a minimum, such pharmacy practice specific specialty certification programs shall consist of:
 - (1) Periodic recertification examinations;
 - (2) Documentation by the certification program that the pharmacist is currently certified by the program;
 - (3) Other requirements as determined by the board.
- (B) Pharmacists who choose to meet their continuing pharmacy education requirements in the manner described in paragraph (A) of this rule are still required to provide evidence of having completed at least 0.3 C.E.U.s of Ohio state board of pharmacy approved pharmacy jurisprudence and 0.2 C.E.U.s of patient or medication safety related continuing education.

4729-7-08 2

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4729.12, 4729.13 Prior Effective Dates: 3/1/1999, 4/3/2014 **ACTION:** Final

4729-7-09 **Jurisprudence continuing education programs.**

- (A) Jurisprudence continuing education programs shall:
 - (1) Be any A.C.P.E. law program as identified by A.C.P.E. numbering convention "03"; or
 - (2) If provided by an in-state provider of continuing education, be approved by the state board of pharmacy.
- (A)(B) Jurisprudence continuing education programs mustshall also meet the following requirements:
 - (1) Be approved by the state board of pharmacy;
 - (2)(1) Contain information from current laws, rules, and regulations pursuant to paragraph (FE) of rule 4729-7-01 of the Administrative Code;
 - (3)(2) Contain accurate information;
 - (4)(3) Consist of information relevant to the practice of pharmacy in Ohio;
 - (5)(4) Be presented in an unbiased manner; and
 - (6)(5) If provided by an in-state provider of continuing education, not Not be utilized for more than two years from the date the program was approved by the state board of pharmacy. A.C.P.E. programs shall be completed within the time frame defined by the A.C.P.E. provider.
- (B)(C) If an initial jurisprudence program submission is denied by the state board of pharmacy, the approved continuing education provider may resubmit that program one time to address the problem areas outlined by the board during the review process. If the resubmitted program is not approved by the board, the provider shall not submit a program covering the same topic for a period of one year from the date of the denial.
- (C)(D) Failure to meet all of the requirements listed in paragraphs (A) and (B) of this rule shall result in the state board of pharmacy! s denial to approve a submitted jurisprudence program. Repeated denials of programs or violations of rule 4729-7-06 of the Administrative Code may result in the suspension or revocation of the board approval of a continuing education provider.

4729-7-09

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<u>4729-9-27</u> <u>Employment of Individuals with Felony Convictions.</u>

- (A) Pursuant to 21 C.F.R. Section 1301.76 (10/20/2015), a terminal or wholesale distributor of dangerous drugs that is a united states drug enforcement administration registrant shall not employ in a position which allows access to controlled substances any person who has been convicted of a felony relating to controlled substances, or who, at any time, has had an application for drug enforcement administration registration denied, revoked, or surrendered for cause. "For cause" means surrendering a registration in lieu of, or as a consequence of, any federal or state administrative, civil, or criminal action resulting from an investigation of the individual's handling of controlled substances.
- (B) Paragraph (A) of this rule does not apply if a waiver is obtained by a registrant pursuant to 21 C.F.R. Section 1307.03.

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3719.28, 4729.26

Promulgated Under: Statutory Authority: Rule Amplifies: 4729.01, 4729.54, 4729.55, 4729.52, 4729.53

4729-11-02 Scheduling of compounds Schedule I Controlled Substances.

- (A) The state board of pharmacy hereby schedules the following synthetic cannabinoid compounds:
 - (1) PB-22 (chemical name: quinolin-8-yl 1-pentyl-1H-indole-3-carboxylate) shall be a schedule I controlled substance;
 - (2) 5-Fluoro-PB-22 (chemical name: quinolin-8-yl 1-(5-fluoropentyl)-1H-indole-3-carboxylate) shall be a schedule I controlled substance.
- (B) Except as otherwise provided in section 3719.41 of the Revised Code, any synthetic cannabinoid compound that meets at least three of the following pharmacophore requirements to bind at the CB1 and CB2 receptors, as identified by a report from an established forensic laboratory, is a schedule I controlled substance:
 - (1) A chemical scaffold consisting of substituted or non-substituted ring structures that facilitate binding of required elements (such as: indole compounds, indazoles, benzimidazoles or other ring types);
 - (2) Alkyl or aryl side chain off the chemical scaffold providing hydrophobic interaction with the CB1 and CB2 receptors;
 - (3) Carbonyl or ester or equivalent for hydrogen bonding;
 - (4) Cyclohexane, naphthalene ring, substituted butanamide or equivalent for steric requirements for CB1 and CB2 receptor binding.
- (C) Except as otherwise provided in section 3719.41 of the Revised Code, any <u>compound</u> synthetic cathinone that contains the structural requirements of the cathinone pharmacophore, as identified by a report from an established forensic laboratory, is a schedule I controlled substance.
- (D) Except as otherwise provided in section 3719.41 of the Revised Code, any compound that meets the following fentanyl pharmacophore requirements to bind at the mu receptor, as identified by a report from an established forensic laboratory, is a schedule I controlled substance:
 - (1) A chemical scaffold consisting of a five, six or seven member ring structure containing a nitrogen, whether or not further substituted;
 - (2) An attached nitrogen to the ring, whether or not that nitrogen is enclosed in a ring structure, including an attached aromatic ring or other lipophilic group to

4729-11-02

that nitrogen;

(3) A polar functional group attached to the chemical scaffold, including but not limited to, a hydroxyl, ketone, amide or ester;

- (4) An alkyl or aryl substitution off the ring nitrogen of the chemical scaffold; and
- (5) The compound has not been approved for medical use by the United States food and drug administration.

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3719.44, 3719.28, 4729.26

Statutory Authority: Rule Amplifies: 3719.44, 3719.41 Prior Effective Dates: 4/17/2014, 10/24/2014 **ACTION:** Final

4729-16-02 Sterile compounded drugs provided by an outsourcing facility.

- (A) An entity may provide, without a patient specific prescription, a non-patient specific sterile compounded drug preparations for human use only, if the following conditions apply:
 - (1) The entity is registered with the United States food and drug administration as an outsourcing facility pursuant to section 503B of the Federal Food, Drug, and Cosmetic Act (11/27/2013 5/28/2015); and
 - (2) The entity is licensed as a wholesale distributor of dangerous drugs with an outsourcing facility classification pursuant to section 4729.52 of the Revised Code. The entity must include a licensed pharmacist as the responsible person on the license; and
- (B) This rule does not apply to pharmacies that compound drugs for direct administration by a prescriber pursuant to rule 4729 9 25 4729-16-07 of the Administrative Code.
- (C) The outsourcing facility shall comply with all labeling and recordkeeping requirements pursuant to section 503B of the Federal Food, Drug, and Cosmetic Act (11/27/20135/28/2015).
- (D) If an entity licensed as a wholesale distributor of dangerous drugs with an outsourcing facility classification pursuant to paragraph (A) of this rule dispenses patient specific drugs, it must also register as a terminal distributor of dangerous drugs. All laws and rules applicable to the terminal distributor license shall apply to dispensing of patient specific drugs.
- (E) The entity is licensed as a wholesale distributor of dangerous drugs with an outsourcing facility classification shall comply with all of the following:
 - (1) All applicable federal, state, and local laws and regulations, including but not limited, to the following:
 - (a) Chapter 4729-9 of the Administrative Code;
 - (b) Section 503B of the Federal Food, Drug, and Cosmetic Act (5/28/2015); and
 - (c) Current good manufacturing practices pursuant to Section 501 of the Federal Food, Drug and Cosmetic Act (5/28/2015).

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4729.01, 4729.51, 4729.52, 4729.54, 4729.55, 4729.56

Prior Effective Dates: 10/24/2014

4729-37-02 List of drugs to be reported.

Pursuant to section 4729.75 of the Revised Code, required information for the following list of drugs <u>pursuant to an outpatient prescription</u>, <u>personally furnished by a prescriber</u>, <u>or sold at wholesale to a prescriber or a terminal distributor of dangerous drugs must shall</u> be submitted to the board of pharmacy pursuant to sections 4729.77, 4729.78 and 4729.79 of the Revised Code:

- (A) All schedule II controlled substances;
- (B) All schedule III controlled substances;
- (C) All schedule IV controlled substances;
- (D) All schedule V controlled substances. dispensed pursuant to a prescription or personally furnished by a prescriber;
- (E) All schedule V controlled substances sold to a prescriber at wholesale;
- (F) All dangerous drug products containing tramadol.

4729-37-02

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Rule Amplifies: 4729.75, 4729.76, 4729.77, 4729.78, 4729.79,

4729.80, 4729.81, 4729.82, 4729.83, 4729.84

Prior Effective Dates: 1/1/06

ACTION: Final

4729-37-07 Frequency requirements for submitting drug database information.

- (A) A pharmacy or prescriber that has possessed for the purpose of dispensing or personally furnishing a reported drug (including a sample drug) within the previous two years shall submit to the board of pharmacy, at least daily, either of the following:
 - (1) All drug dispensing and personally furnishing information required to be submitted to the board of pharmacy pursuant to rules 4729-37-02 and 4729-37-04 of the Administrative Code.
 - (2) A "Zero Report", if a pharmacy has no drug dispensing information or a prescriber has no personally furnishing information required to be submitted to the board of pharmacy pursuant to rules 4729-37-02 and 4729-37-04 of the Administrative Code.
- (B) The dispensing report, the personally furnishing information, or the "Zero Report" shall be consecutive and inclusive from the last date and time that information was submitted and shall be reported no later than thirty-six hours after the last time reported on a previous report.
- (C) Any record of a dispensed or personally furnished reportable drug shall be reported to the board of pharmacy within twenty-four hours of being dispensed or personally furnished.
- (D) Any pharmacy or prescriber whose normal business hours are not seven days per week may shall electronically indicate their normal business hours to the board and a "Zero Report" will be automatically submitted on their behalf on non-business days.
- (E) If a pharmacy or prescriber ceases to possess for the purpose of dispensing or personally furnishing any reported drug (including a sample drug), the responsible person may shall notify the board of pharmacy electronically or in writing. If the The board shall be is notified of the change, if the pharmacy or prescriber resumes dispensing or personally furnishing a reportable drug, including a sample drug, is not required to submit a "Zero Report" until the pharmacy or prescriber possesses for the purpose of dispensing or personally furnishing a reported drug (including a sample drug).
- (F) All wholesale drug sale information required to be submitted to the board of pharmacy pursuant to rules 4729-37-02 and 4729-37-04 of the Administrative Code must be submitted monthly as follows:

4729-37-07

- (1) During the first through the fifteenth day of each month; and
- (2) The information shall be consecutive and inclusive from the last date and time information was submitted and shall be reported no later than forty-five days after the date of the wholesale sale.
- (G) In the event that a wholesaler, prescriber, or pharmacy cannot submit the required information as described in this rule, the responsible person must immediately contact the board of pharmacy to determine a mutually acceptable time for submission of information. The reasons for the inability of the wholesaler, prescriber, or pharmacy to submit the required information must be documented in writing to the board of pharmacy.

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Prior Effective Dates: 1/1/06, 10/19/07, 1/1/09, 6/21/09, 1/1/11, 10/27/11,

05/22/2014

4729-5-10 **Prescription pick-up station.**

- (A) No pharmacist shall accept prescriptions obtained from a place which offers, in any manner, its services as a "pick-up station" or intermediary for the purpose of having prescriptions filled unless such place is a pharmacy as defined in section 4729.01 of the Revised Code and all of the following apply:
 - (1) The site is appropriately licensed pursuant to Chapter 4729. of the Revised Code;
 - (2) The receipt, storage, control, and distribution of prescriptions are in the full and actual charge of a pharmacist licensed pursuant to Chapter 4729. of the Revised Code;
 - (3) An appropriate recordkeeping system is in place that will provide accountability for proper receipt, delivery, and return of all prescriptions;
 - (4) There is a documented method in place to ensure compliance with rule 4729-5-22 of the Administrative Code.
 - (5) The following documentation is submitted in a manner prescribed by the board:
 - (a) If the pharmacy shipper and receiver are not within the same corporation, then the pick-up station must <u>submit notification to the board in a manner prescribed by the board; oreomplete the "pick-up station request form 1-1" available on www.pharmacy.ohio.gov; or</u>
 - (b) If the shipper and receiver are within the same corporation, then the pick-up station must <u>submit notification to the board in a manner prescribed by the board.</u> <u>eomplete the "pick-up station request form 1-many" available on www.pharmacy.ohio.gov</u>.
- (B) No pharmacist shall dispense dangerous drugs to a place which offers, in any manner, its services as a "pick-up station" or intermediary for the purpose of having prescriptions filled or delivered unless such place is a pharmacy as defined in section 4729.01 of the Revised Code or, if not a pharmacy, all of the following apply:
 - (1) The site is appropriately licensed pursuant to Chapter 4729. of the Revised Code, unless a waiver is granted by the board.
 - (2) There is clear and convincing evidence that delivery of a prescription medication directly to the patient would result in:

- (a) Danger to public health or safety, or
- (b) Danger to the patient without increased involvement by a health care professional in the patient's drug therapy.
- (3) The receipt, storage, control, and distribution of prescriptions or drugs are in the full and actual charge of a health care professional licensed pursuant to Chapter 4715., 4723., 4729., 4730., 4731., or 4741. of the Revised Code.
- (4) An appropriate recordkeeping system is in place that will provide accountability for proper receipt, delivery, and return of all prescription medications.
- (5) There is a documented method in place to ensure compliance with rule 4729-5-22 of the Administrative Code.
- (6) The following documentation is submitted in a manner prescribed by the board:
 - (a) If the pharmacy shipper and receiver are not within the same corporation, then the pick-up station must <u>submit notification to the board in a manner prescribed by the board; or eomplete the "pick-up station request form 1-1" available on www.pharmacy.ohio.gov; or</u>
 - (b) If the shipper and receiver are within the same corporation, then the pick-up station must <u>submit notification to the board in a manner prescribed by the board.</u> complete the "pick-up station request form 1-many" available on www.pharmacy.ohio.gov.
- (C) The state board of pharmacy may restrict a site from acting as a pick-up station if it has clear and convincing evidence that the activities of the pick-up station present the following:
 - (1) Danger to public health or safety, or
 - (2) Danger to the patient.

Effective: 11/19/2015

Five Year Review (FYR) Dates: 06/06/2019

CERTIFIED ELECTRONICALLY

Certification

11/09/2015

Date

Promulgated Under: 119.03 Statutory Authority: 4729.26

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3/31/2000, 10/19/2007, 1/1/09, 02/01/2015

4729-5-14 **Prescription format for a hospice outpatient.**

For purposes of preprinted prescription forms for hospice outpatients, the following conditions apply:

- (A) Preprinted prescription forms may contain multiple orders on one form and the prescriber may select as many drug orders as necessary. Additional prescriptions may be manually added to this sheet.
- (B) Preprinted forms may not contain prescription orders for schedule II drugs. Schedule II drugs may be manually added to the preprinted forms and signed by the prescriber.
- (C) The prescriber shall indicate on each preprinted form the drug orders authorized on the form by either:
 - (1) Manually indicating the total drug orders authorized on the form; or
 - (2) Manually initialing each drug order.
- (D) All written drug orders must be signed by the prescriber.
- (E) All signed prescriptions may be faxed from the prescriber or the hospice location to the pharmacy.
- (F) At the direction of the prescriber, verbal drug orders may be transmitted to the pharmacy by the <u>prescriber's agent, including a</u> hospice nurse, except for schedule II drug orders.

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