Remote Dispensing Pharmacy Request Process & Form

Updated 3/27/2026

IMPORTANT: This is a supplemental form and not an application for a remote dispensing pharmacy. All applications for remote dispensing pharmacies must be submitted in eLicense Ohio. For more information on the application process, visit: www.pharmacy.ohio.gov/RDguide.

On April 6, 2026, rules on the operation of remote dispensing pharmacies will go into effect (OAC 4729:5-18). A remote dispensing pharmacy is a pharmacy where the dispensing of drugs, patient counseling, and other pharmacist care is provided through a telepharmacy system.

To apply to become a remote dispensing pharmacy, you will need to apply for a "Terminal–Pharmacy" license in eLicense Ohio. On the application, you will be asked to select the type of business model that describes the proposed operations; please select "Remote Dispensing" and attach the Remote Dispensing Pharmacy Request Form to your application. For more information about submitting additional documentation in eLicense, visit: www.pharmacy.ohio.gov/AddDoc.

For more information on applying to become a remote dispensing pharmacy, visit: www.pharmacy.ohio.gov/RDguide.

IMPORTANT: Pursuant to OAC 4729:5-18-03, a remote dispensing pharmacy cannot be located within a ten-mile radius of a pharmacy serving the public as an outpatient pharmacy. There are exceptions to this rule if:

(1) The remote dispensing pharmacy is part of a federally qualified health center (FQHC) or an FQHC look-alike and the remote dispensing pharmacy is located on the same property as or contiguous to the health center or look-alike; or

(2) The Board approves a request, based on a demonstration of need whereby the remote dispensing pharmacy is located in a census block that is rated medium-high or high on the social vulnerability index (SVI) on the CDC's Social Vulnerability Index (SVI) Interactive Map.

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NOTE: A map of all active outpatient pharmacies can be viewed by visiting the Ohio Pharmacy Access Dashboard.

Before submitting an application in eLicense, please review the following checklist to ensure you are meeting all the requirements of the remote dispensing pharmacy rules:

- ✓ **Is the location of your remote dispensing pharmacy located within a 10-mile radius of an outpatient pharmacy that serves the public?**
    - If **YES**, continue to the next part of the checklist.
    - If **NO**, proceed with filling out the eLicense Ohio application and the Remote Dispensing Pharmacy Request Form. See the Ohio Pharmacy Access Dashboard to find the location of current outpatient pharmacies. To view the dashboard, click here and go to the Pharmacy Deserts tab.
- ✓ **Is your remote dispensing pharmacy part of a federally qualified health center (FQHC) or an FQHC look-alike, and located on the same property as or on a campus contiguous to the health center?**
    - If **YES**, proceed with filling out the eLicense Ohio application and the Remote Dispensing Pharmacy Request Form.
    - If **NO**, continue to the next part of the checklist.
- ✓ **Is your remote dispensing pharmacy located in a census block that is rated medium-high (0.5-0.75) or high (greater than 0.75) on the SVI Interactive Map?**
    - If **YES**, proceed with filling out the eLicense Ohio application and the Remote Dispensing Pharmacy Request Form, ensuring you fill out Part 6 – Demonstration of Need. Please note that there will be a public comment period and the Board will need to approve the remote dispensing pharmacy prior to operation. For more information on demonstration of need, see OAC 4729:5-18-03.
    - If **NO**, you are not eligible to apply to become a remote dispensing pharmacy.

Submission Instructions:

The completed form must be attached to the "Terminal– Pharmacy" electronic application submitted in eLicense Ohio. For more information about submitting additional documentation in eLicense, visit: www.pharmacy.ohio.gov/AddDoc.

NOTE: If you are submitting this form as part of a demonstration of need, it will be posted to the Board of Pharmacy's website and subject to a public comment process. ***This document is a public record, please do not include any proprietary information or trade secrets on this request form.***

Remote Dispensing Pharmacy Request Form

Instructions: *The completed form must be attached to the "Terminal– Pharmacy" electronic application submitted in eLicense Ohio. For more information about submitting additional documentation in eLicense, visit: www.pharmacy.ohio.gov/AddDoc.*

Part 1 – Remote Dispensing Pharmacy Information

Remote Dispensing Pharmacy Legal Business Name	DBA (if applicable)

Applicant/Contact Person Name

Applicant/Contact Person Email	Applicant/Contact Person Phone Number

Part 2 – Remote Dispensing Pharmacy Location

Street Address	City
County	**Zip**

Part 3 – Remote Dispensing Pharmacy's Responsible Person (RP)

Name of Responsible Person	RP License Number
RP Email Address	**RP Contact Phone Number**

Part 4 – Supervising Pharmacy Information

Pharmacy Name	**TDDD License No.**

Pharmacy Phone Number

Street Address	**City**
County	**Zip**
Contact Person Name	**Contact Person Phone Number**

Contact Person Email Address

Part 5 – Additional Information

Are you located outside a 10-mile radius of an outpatient pharmacy that serves the public? *(NOTE: Visit the Board of Pharmacy's Ohio Pharmacy Access Dashboard to view all active Ohio outpatient pharmacies.)*

◯ **Yes** ◯ **No**

Are you a federally qualified health center (FQHC) or look-alike? (NOTE: If yes, attach or upload a copy of the designation letter with this form.)

◯ **Yes** ◯ **No**

If you're a FQHC, is the remote dispensing pharmacy located on the same property as, or on a campus contiguous to, the FQHC or look-alike?

◯ **Yes** ◯ **No**

Are you located in an area that has a medium-high or high SVI?

◯ **Yes** ◯ **No**

Part 6 – Demonstration of Need – *This section only needs to be completed if your remote dispensing pharmacy is going to be located within 10 miles of another outpatient pharmacy and in an area that has a medium-high or high SVI.*

Statement explaining demonstration of need:

Part 7 – Attestation by Remote Dispensing Pharmacy Applicant – *To be completed by the applicant (person who may legally sign for the business). Digital or wet ink signatures are acceptable.*

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED ON THIS FORM ARE TRUE, CORRECT, AND COMPLETE.

Signature of Applicant	**Date Signed**