June 2024 – Rules

For Filing with JCARR

4729:6-3-06 - Controlled substances inventory requirements. (AMEND)

(A) All category III drug distributor licenses shall complete a controlled substances inventory in accordance with 21 CFR 1304.11 (9/9/2014). ~~section 1304.11 of the Code of Federal Regulations (9/9/2014).~~

(B) The drug distributor's responsible person shall be responsible for completing and maintaining this inventory record.

(C) All inventory records shall be maintained for a period of ~~three~~five years from the completion date of the inventory and made readily retrievable.

(D) When a drug or compound is added to the schedule of controlled substances by state or federal law, rule, or regulation, a drug distributor shall complete an inventory pursuant to paragraph (A) of this rule of all stocks of such substance no later than ten days after the drug is added to the schedule.

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4729:8-4-04 - Access to overdose data provided by the Ohio Department of Health. (NEW)

(A) Pursuant to section 4729.80 of the Revised Code, the following persons shall be permitted to access drug overdose data provided by the Ohio department of health in accordance with section 4729.772 of the Revised Code:

(1) Prescriber and prescriber delegates as authorized under section 4729.80 of the Revised Code;

(2) Pharmacist and pharmacist delegates as authorized under section 4729.80 of the Revised Code;

(3) The director of health as authorized under section 4729.80 of the Revised Code;

(4) An individual listed in paragraphs (A)(1) and (A)(2) of this rule who is from or participating with another state's prescription monitoring program; and

(5) A coroner, deputy coroner, or coroner's delegate as authorized under section 4729.80 of the Revised Code.

(B) Nothing in this rule shall be construed to limit the state board of pharmacy's access and use of data collected by the drug database to carry out its responsibilities in accordance with section 4729.81 of the Revised Code.

Rule 4729:6-6-01 | Virtual wholesalers - general operations. (AMEND)

…

(K) Brokers shall be registered as a business entity with the appropriate state or local authority(s) and must operate out of a location that is zoned for commercial use and not out of a residence or personal dwelling.

Rule 4729:6-7-01 | Brokers - general operations. (AMEND)

…

(I) Brokers shall be registered as a business entity with the appropriate state or local authority(s) and must operate out of a location that is zoned for commercial use and not out of a residence or personal dwelling.

Rule 4729:6-11-01 | Third Party Logistics Providers - General Operations. (AMEND)

The following requirements shall apply to all persons licensed as third party logistics providers:

(A) All facilities where dangerous drugs are stored, warehoused, handled, held, offered, marketed, or displayed shall:

(1) Be of suitable size and construction to facilitate cleaning, maintenance, and proper operations;

(2) Have storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions;

(3) Have a quarantine area for storage of dangerous drugs that are damaged, deteriorated, misbranded, or adulterated, or that are in immediate or sealed secondary containers that have been opened. Such drugs shall be stored in accordance with paragraph (B) of this rule;

(4) Be maintained in a clean and orderly condition;

(5) Be free from infestation by insects, rodents, birds, or vermin of any kind;

(6) Shall be registered as a business entity with the appropriate state or local authority(s) and must operate out of a location that is zoned for commercial use and not out of a residence or personal dwelling.

For Filing with CSI & JCARR

4729:5-3-22 - Continuous Quality Improvement Programs in Pharmacy Services. (NEW)

(A) As used in this rule, “dispensing error” or “error in dispensing” means one or more of the following discovered after the dispensation (e.g., final verification) by the pharmacist or verification in accordance with rule 4729:5-3-17 of the Administrative Code, regardless of whether the patient received the drug:

(1) Variation from the prescriber's prescription or drug order, unless otherwise modified by the pharmacist in accordance with agency 4729 of the Administrative Code, including:

(a) Incorrect drug;

(b) Incorrect drug strength;

(c) Incorrect dosage form;

~~**(d) Incorrect quantity;**~~

(d) Incorrect patient; or

(e) Inadequate or incorrect packaging, labeling, or directions.

(2) Failure to exercise professional judgment in identifying and managing:

(a) Known therapeutic duplication;

(b) Known drug-disease contraindications;

(c) Known drug-drug interactions;

(d) Incorrect drug dosage or duration of drug treatment;

(e) Known drug-allergy interactions;

(f) Any product quality issue attributed to a compounded drug preparation;

(g) A clinically significant, avoidable delay in therapy; or

(h) Any other significant, actual, or potential problem with a patient's drug therapy related to the practice of pharmacy.

(3) Sale of a drug to the incorrect patient.

(4) Variation in bulk repackaging or filling of automated devices, including:

(a) Incorrect drug;

(b) Incorrect drug strength;

(c) Incorrect dosage form; or

(d) Inadequate or incorrect packaging or labeling.

(4) A dispensing error does not include the delivery of an incorrect drug to a patient by a pharmacy delivery agent as defined in rule 4729:5-5-22 of the Administrative Code.

(B) A “dispensing error” or “error in dispensing,” as defined in paragraph (A) of this rule, may be considered a violation of division (A)(2) of section 3715.52 and section 3715.64 of the Revised Code.

(C) Each pharmacy licensed as a terminal distributor of dangerous drugs shall establish or participate in an established quality assurance program that documents and assesses dispensing errors to determine cause and an appropriate response to improve the quality of pharmacy service and prevent errors.

(1) Each quality assurance program shall be managed in accordance with written policies and procedures maintained in the pharmacy to be made readily retrievable upon request of an agent, inspector, or employee of the board.

(2) The quality assurance program shall include necessary documentation, internal reporting, and assessment of dispensing errors to determine the cause and an appropriate response to prevent future dispensing errors.

(3) All records of the quality assurance program for each pharmacy, as established in paragraph (G) of this rule, shall be maintained for three years from the date of creation in a readily retrievable manner.

(a) Any record reviewed in accordance with this paragraph shall be for investigation or inspection purposes and shall be subject to confidentiality protections pursuant to section 4729.23 of the Revised Code.

(b) If no dispensing errors have occurred within the past month, a zero report with date shall be made readily retrievable upon request of an agent, employee, of the Board.

(4) If applicable, a quality assurance review may be conducted by a quality assurance committee established in accordance with section 2305.24 of the Revised Code.

~~**(D) Each quality assurance program shall be managed in accordance with written policies and procedures maintained in the pharmacy to be made readily retrievable upon request of an agent, inspector, or employee of the board.**~~

(D) When a pharmacy determines or has been notified that a dispensing error has occurred, a representative of the terminal distributor of dangerous drugs shall as soon as possible:

(1) Except as provided in paragraph (D)(3) of this rule, communicate to the patient or the patient's caregiver the fact that an error in dispensing has occurred, and the steps required to avoid harm or mitigate the error.

(2) Except as provided in paragraph (D)(3) of this rule, communicate to the prescriber the fact that an error in dispensing has occurred only if the error could result in potential or actual patient harm.

(3) The communication requirement of this paragraph shall only apply when a patient receives a drug that was the result of a dispensing error **and the error poses harm to the patient**. **Harm includes impairment of the physical, emotional, or psychological function or structure of the body and/or pain resulting therefrom.**

(4) The pharmacy shall maintain documentation that the communications requirements of this rule were completed. Such documentation shall be maintained for three years from the date of creation in a readily retrievable manner.

(E) If a pharmacy is notified of a dispensing error by the patient, the patient's caregiver, or a prescriber, a representative of the terminal distributor of dangerous drugs is not required to communicate with that individual as required in paragraph (D) of this rule.

~~**(G) Each pharmacy shall use the findings of its quality assurance program to develop pharmacy systems and workflow processes designed to prevent errors in dispensing. An investigation of each error in dispensing shall commence as soon as is reasonably possible. All errors in dispensing discovered shall be subject to a quality assurance review within thirty days of identifying an error.**~~

~~**(H)**~~

~~**(1) The primary purpose of the quality assurance review (e.g., root cause analysis) shall be to advance error prevention by analyzing investigative and other pertinent data collected in response to an error in dispensing and to assess the cause and any contributing factors such as system or process failures or recklessness on the part of pharmacy staff. A record of the quality assurance review shall be immediately retrievable in the pharmacy. The record shall contain at least the following:**~~

~~**(a) The date, location, and participants in the quality assurance review;**~~

~~**(b) The pertinent data and other information relating to the dispensing error(s) reviewed and documentation of any patient contact required;**~~

~~**(c) The findings and determinations generated by the quality assurance review; and**~~

~~**(d) Recommend changes to pharmacy policy, procedure, systems, or processes, if any.**~~

~~**(2) If applicable, a quality assurance review may be conducted by a quality assurance committee established in accordance with section 2305.24 of the Revised Code.**~~

~~**(I) In accordance with section 4729.23 of the Revised Code, all records of the quality assurance review, as established in paragraph (G) of this rule, shall be maintained for three years from the date of creation in a readily retrievable manner.**~~

(F) The terminal distributor of dangerous drugs shall inform pharmacy personnel of changes to pharmacy policy, procedure, systems, or processes made as a result of recommendations generated in the quality assurance **program** ~~**review**~~.

(G) Nothing in this section shall be construed to prevent a pharmacy from contracting or otherwise arranging for the provision of personnel or other resources, by a third party or administrative offices, with such skill or expertise as the pharmacy believes to be necessary to satisfy the requirements of this rule.

(H) The pharmacy shall comply with the reporting requirements for dispensing errors pursuant to rule 4729:5-4-02 of the Administrative Code.

Rule 4729:1-4-02 | Duty to report. (PHARMACISTS) (RESCIND ORIGINAL / NEW)

(A) As used in this rule, "error in dispensing" or "dispensing error" has the same meaning as 4729:5-3-22 of the Administrative Code.

(B) Pursuant to section 4729.10 of the Revised Code, a pharmacist who has knowledge, from direct observation or objective evidence, of violations described in paragraph (C) of this rule shall report such conduct to the state board of pharmacy.

(C) The following shall be reported to the board no later than ten days from discovery:

(1) ~~**Except as provided in paragraphs (C)(1)(a) and (C)(1)(b) of this rule, conduct indicating an individual licensed or registered by the board is addicted to or is suspected to be abusing alcohol, drugs or other chemical substances or impaired physically or mentally to such a degree as to render the individual unfit to carry out their professional duties.**~~

Except as provided in paragraphs (C)(1)(a) and (C)(1)(b) of this rule, conduct indicating an individual licensed or registered by the board is practicing pharmacy while physically or mentally impaired by alcohol, drugs or other chemical substances or impaired physically or mentally to such a degree as to render the individual unfit to carry out their professional duties.

(a) A pharmacist shall not be required to report in accordance with this rule if the pharmacist becomes aware of any condition described in paragraph (C)(1) of this rule as a result of either:

(i) The pharmacist's treatment of the individual for the condition; or

(ii) The pharmacist having access to the individual's protected health information.

(b) A pharmacist shall not be required to report in accordance with this rule if the individual voluntarily seeks treatment for a mental health condition or substance use disorder and there are no other violations of rule or law.

(2) Except as provided in paragraph (H) of this rule, violations, attempts to violate, or aiding and abetting in the violation of any of the provisions of Chapters 4729., 4752., 3715., 3719., 3796., 2925., and 2913. of the Revised Code, or any rule adopted by the board under those provisions, by an individual or entity licensed or registered by the board.

(3) Conduct by a pharmacy technician trainee, registered pharmacy technician, certified pharmacy technician, pharmacy intern or pharmacist that constitutes unprofessional conduct or dishonesty as defined in rule 4729:1-4-01 of the Administrative Code.

(D)

(1) Pursuant to section 4729.23 of the Revised Code, the identity of the pharmacist making a report in accordance with this rule shall remain confidential.

(2) Notwithstanding the confidentiality provided in accordance with paragraph (D)(1) of this rule, a pharmacist may be required to testify in a disciplinary proceeding as to the conduct or violations listed in paragraph (C) of this rule without disclosing the pharmacist was the reporting individual.

(E) Reporting required in accordance with this rule shall be made by mail, using the board's online complaint form (available on the board's web site: www.pharmacy.ohio.gov), or by telephone and shall include the following information:

(1) The name of the licensee, registrant or other individual who may have committed a violation listed in paragraph (C) of this rule;

(2) The violation which is believed to have occurred; and

(3) The date(s) of and place(s) of occurrence(s), if known.

(F) All reports submitted in accordance with this rule shall protect the confidentiality of patients. The Board may request additional information, including patient information, as part of an investigation conducted in accordance with Chapter 4729 of the Revised Code.

(G) A licensed pharmacist shall notify the board of any of the following:

(1) Any criminal conviction for, judicial finding of guilt of, or plea of guilty to a disqualifying offense within ten days after the date of conviction.

(2) The pharmacist is convicted of, plead guilty to, is subject to a judicial finding of eligibility for intervention in lieu of conviction in this state under section 2951.041 of the Revised Code or the equivalent thereof in another jurisdiction within ten days after the individual is deemed eligible.

(3) The pharmacist is granted entry into a diversion program, deferred prosecution program, or the equivalent thereof within ten days after the individual is granted entry into a program.

(4) Any arrest for a felony within ten days after the arrest.

(G) A pharmacist shall notify the board of any disciplinary licensing or registration action taken by another state against the licensee within ten days of the notice action. This includes, but is not limited to, a disciplinary action that is stayed pending appeal.

(H) A dispensing error, as defined in rule 4729:5-3-22 of the Administrative Code, shall only be reported to the board by a pharmacy in accordance with rule 4729:5-4-02 of the Administrative Code.

(I) Pursuant to section 4729.10 of the Revised Code, in the absence of fraud or bad faith, a person who reports in accordance with this rule or testifies in any adjudication conducted under Chapter 119. of the Revised Code is not liable to any person for damages in a civil action as a result of the report or testimony.

Rule 4729:2-4-02 | Duty to report. (PHARMACY INTERNS) (RESCIND ORIGINAL / NEW)

(A) As used in this rule, "error in dispensing" or "dispensing error" has the same meaning as 4729:5-3-22 of the Administrative Code.

(B) Pursuant to section 4729.10 of the Revised Code, a pharmacy intern who has knowledge, from direct observation or objective evidence, of violations described in paragraph (C) of this rule shall report such conduct to the state board of pharmacy.

(C) The following shall be reported to the board no later than ten days from discovery:

(1) ~~**Except as provided in paragraphs (C)(1)(a) and (C)(1)(b) of this rule, conduct indicating an individual licensed or registered by the board is addicted to or is suspected to be abusing alcohol, drugs or other chemical substances or impaired physically or mentally to such a degree as to render the individual unfit to carry out their professional duties.**~~

Except as provided in paragraphs (C)(1)(a) and (C)(1)(b) of this rule, conduct indicating an individual licensed or registered by the board is practicing pharmacy while physically or mentally impaired by alcohol, drugs or other chemical substances or impaired physically or mentally to such a degree as to render the individual unfit to carry out their professional duties.

(a) A pharmacy intern shall not be required to report in accordance with this rule if the intern becomes aware of any condition described in paragraph (C)(1) of this rule as a result of either:

(i) The intern's treatment of the individual for the condition; or

(ii) The intern having access to the individual's protected health information.

(b) A pharmacy intern shall not be required to report in accordance with this rule if the individual voluntarily seeks treatment for a mental health condition or substance use disorder and there are no other violations of rule or law.

(2) Except as provided in paragraph (H) of this rule, violations, attempts to violate, or aiding and abetting in the violation of any of the provisions of Chapters 4729., 3715., 3719., 2925., and 2913. of the Revised Code, or any rule adopted by the board under those provisions, by an individual licensed or registered by the board.

(3) Conduct by a pharmacy technician trainee, registered pharmacy technician, certified pharmacy technician, pharmacy intern or pharmacist that constitutes unprofessional conduct or dishonesty as defined in rule 4729:2-4-01 of the Administrative Code.

(D)

(1) Pursuant to section 4729.23 of the Revised Code, the identity of the pharmacy intern making a report in accordance with this rule shall remain confidential.

(2) Notwithstanding the confidentiality provided in accordance with paragraph (D) (1) of this rule, a pharmacy intern may be required to testify in a disciplinary proceeding as to the conduct or violations listed in paragraph (C) of this rule without disclosing the intern was the reporting individual.

(E) Reporting required in accordance this rule shall be made by mail, using the board's online complaint form (available on the board's web site: www.pharmacy.ohio.gov), or by telephone and shall include the following information:

(1) The name of the licensee, registrant or other individual who may have committed a violation listed in paragraph (C) of this rule;

(2) The violation which is believed to have occurred; and

(3) The date(s) of and place(s) of occurrence(s), if known.

(F) All reports submitted in accordance with this rule shall protect the confidentiality of patients. The Board may request additional information, including patient information, as part of an investigation conducted in accordance with Chapter 4729 of the Revised Code.

(G) A licensed pharmacy intern shall notify the board of any of the following:

(1) Any criminal conviction for, judicial finding of guilt of, or plea of guilty to a disqualifying offense within ten days after the date of conviction.

(2) The intern is convicted of, plead guilty to, is subject to a judicial finding of eligibility for intervention in lieu of conviction in this state under section 2951.041 of the Revised Code or the equivalent thereof in another jurisdiction within ten days after the individual is deemed eligible.

(3) The intern is granted entry into a diversion program, deferred prosecution program, or the equivalent thereof within ten days after the individual is granted entry into a program.

(4) Any arrest for a felony within ten days after the arrest.

(H) A pharmacy intern shall notify the board of any disciplinary licensing or registration action taken by another state against the licensee within ten days of the notice action. This includes, but is not limited to, a disciplinary action that is stayed pending appeal.

(I) A dispensing error, as defined in rule 4729:5-3-22 of the Administrative Code, shall only be reported to the board by a pharmacy in accordance with rule 4729:5-4-02 of the Administrative Code.

(J) Pursuant to section 4729.10 of the Revised Code, in the absence of fraud or bad faith, a person who reports in accordance with this rule or testifies in any adjudication conducted under Chapter 119. of the Revised Code is not liable to any person for damages in a civil action as a result of the report or testimony.

Rule 4729:3-4-02 | Duty to report. (PHARMACY TECHNICIANS) (RESCIND ORIGINAL / NEW)

(A) As used in this rule, "error in dispensing" or "dispensing error" has the same meaning as 4729:5-3-22 of the Administrative Code.

(B) Pursuant to section 4729.10 of the Revised Code, a pharmacy technician trainee, registered pharmacy technician or certified pharmacy technician who has knowledge, from direct observation or objective evidence, of violations described in paragraph (C) of this rule shall report such conduct to the board.

(C) The following shall be reported to the board no later than ten days from discovery:

(1) ~~**Except as provided in paragraphs (C)(1)(a) and (C)(1)(b) of this rule, conduct indicating an individual licensed or registered by the board is addicted to or is suspected to be abusing alcohol, drugs or other chemical substances or impaired physically or mentally to such a degree as to render the individual unfit to carry out their professional duties.**~~

Except as provided in paragraphs (C)(1)(a) and (C)(1)(b) of this rule, conduct indicating an individual licensed or registered by the board is practicing pharmacy while physically or mentally impaired by alcohol, drugs or other chemical substances or impaired physically or mentally to such a degree as to render the individual unfit to carry out their professional duties.

(a) A registrant shall not be required to report in accordance with this rule if the registrant becomes aware of any condition described in paragraph (C)(1) of this rule as a result of either:

(i) The registrant or licensee is involved in the treatment of the individual for the condition; or

(ii) The registrant or licensee having access to the individual's protected health information.

(b) A registrant shall not be required to report in accordance with this rule if the individual voluntarily seeks treatment for a mental health condition or substance use disorder and there are no other violations of rule or law.

(2) Except as provided in paragraph (H) of this rule, violations, attempts to violate, or aiding and abetting in the violation of any of the provisions of Chapters 4729., 3715., 3719., 2925., and 2913. of the Revised Code, or any rule adopted by the board under those provisions, by an individual licensed or registered by the board.

(3) Conduct by a pharmacy technician trainee, registered pharmacy technician, certified pharmacy technician, pharmacy intern or pharmacist that constitutes unprofessional conduct or dishonesty as defined in rule 4729:3-4-01 of the Administrative Code.

(D)

(1) Pursuant to section 4729.23 of the Revised Code, the identity of the registrant making a report in accordance with this rule shall remain confidential.

(2) Notwithstanding the confidentiality provided in accordance with paragraph (D)(1) of this rule, a registrant may be required to testify in a disciplinary proceeding as to the conduct or violations listed in paragraph (C) of this rule without disclosing the registrant was the reporting individual.

(E) Reporting required in accordance with paragraph (C) this rule shall be made by mail, using the board's online complaint form (available on the board's web site: www.pharmacy.ohio.gov), or by telephone and shall include the following information:

(1) The name of the licensee or registrant or other individual who may have committed a violation listed in paragraph (C) of this rule;

(2) The violation which is believed to have occurred; and

(3) The date(s) of and place(s) of occurrence(s), if known.

(F) All reports submitted in accordance with this rule shall protect the confidentiality of patients. The Board may request additional information, including patient information, as part of an investigation conducted in accordance with Chapter 4729 of the Revised Code.

(G) An individual registered pursuant to this division shall notify the board of any of the following:

(1) Any criminal conviction for, judicial finding of guilt of, or plea of guilty to a disqualifying offense within ten days after the date of conviction.

(2) The registrant is convicted of, plead guilty to, is subject to a judicial finding of eligibility for intervention in lieu of conviction in this state under section 2951.041 of the Revised Code or

the equivalent thereof in another jurisdiction within ten days after the individual is deemed eligible.

(3) The registrant is granted entry into a diversion program, deferred prosecution program, or the equivalent thereof within ten days after the individual is granted entry into a program.

(4) Any arrest for a felony within ten days after the arrest.

(5) For a certified pharmacy technician, failure to maintain a current pharmacy technician certification from an organization that has been recognized by the board.

(H) An individual registered pursuant to this division shall notify the board of any disciplinary licensing or registration action taken by another state against the registrant within ten days of the notice of action. This includes, but is not limited to, a disciplinary action that is stayed pending appeal.

(I) A dispensing error, as defined in rule 4729:5-3-22 of the Administrative Code, shall only be reported to the board by a pharmacy in accordance with rule 4729:5-4-02 of the Administrative Code.

(J) Pursuant to section 4729.10 of the Revised Code, in the absence of fraud or bad faith, a person who reports in accordance with this rule or testifies in any adjudication conducted under Chapter 119. of the Revised Code is not liable to any person for damages in a civil action as a result of the report or testimony.

Rule 4729:5-4-02 | Duty to Report. (PHARMACIES) (NEW)

(A) As used in this rule:

(1) "Dishonesty" means any action by a licensee, registrant or applicant to include, but is not limited to, making any statement that deceives, misrepresents or misleads, or be a party to or an accessory to any fraudulent or deceitful practice or transaction in the practice of pharmacy or in the operation or conduct of a pharmacy.

(2) “Dispensing error” or “error in dispensing" has the same meaning as 4729:5-3-22 of the Administrative Code.

(3) "Reckless behavior" means a person who acts recklessly or who is reckless. A person acts recklessly when, with heedless indifference to the consequences, the person disregards a substantial and unjustifiable risk that the person's conduct is likely to cause a certain result or is likely to be of a certain nature. A person is reckless with respect to circumstances when, with heedless indifference to the consequences, the person disregards a substantial and unjustifiable risk that such circumstances are likely to exist.

(4) "Unprofessional conduct" means conduct that is detrimental to the best interests of the public, including conduct that endangers the health, safety or welfare of a patient or client. Such conduct shall include, but not be limited to, the following acts: coercion, intimidation, harassment, sexual harassment, improper use of private health information, threats, degradation of character, indecent or obscene conduct, and theft.

(B) A pharmacy licensed as a terminal distributor of dangerous drugs shall be required to report, from direct observation or objective evidence, the following to the board in accordance with paragraph (C) of this rule:

(1) Any error in dispensing when the error is the result of reckless behavior.

(2) Any error in dispensing where the error results in any of the following per the National Coordinating Council for Medication Error Reporting and Prevention Medication Error Index (Revised 2/20/2001):

~~**(a) Category F: An error occurred that resulted in initial or prolonged hospitalization and caused temporary patient harm.**~~

(a) Category G: An error occurred that resulted in permanent patient harm.

(b) Category H: An error occurred that resulted in a near-death event (e.g., anaphylaxis, cardiac arrest).

(c) Category I: An error occurred that resulted in patient death.

(3) The termination or resignation of employment of any individual licensed or registered by the board that was based, in whole or in part, on an error or errors in dispensing.

(4) The termination or resignation of employment of any individual licensed or registered by the board that was based, in whole or in part, on engaging in unprofessional conduct, dishonesty, or reckless behavior.

(5) ~~**The termination or resignation of employment of any individual licensed or registered by the board that was based, in whole or in part, on the individual being addicted to or suspected of abusing alcohol, drugs or other chemical substances or impaired physically or mentally to such a degree as to render the individual unfit to carry out their professional duties.**~~

The termination or resignation of employment of any individual licensed or registered by the board that was based, in whole or in part, on conduct indicating an individual licensed or registered by the board is practicing pharmacy while physically or mentally impaired by alcohol, drugs or other chemical substances or impaired physically or mentally to such a degree as to render the individual unfit to carry out their professional duties.

(C) Reporting required in accordance with this rule shall be made by mail, using the board's online complaint form (available on the board's website: www.pharmacy.ohio.gov)**, or telephone** and shall include the following information:

(1) The name of the employer and the employer's terminal distributor license number;

(2) The full name and license or registration number of the licensee or registrant for which a report is being made;

(3) If applicable, an explanation of the error in dispensing that occurred;

(4) If applicable, an explanation of the circumstances that resulted in the individual's termination or resignation from employment; and

(5) The date(s) of and place(s) of occurrence(s), if known.

(D) All reports submitted in accordance with this rule shall protect the confidentiality of patients. The Board may request additional information, including patient information, as part of an investigation conducted in accordance with Chapter 4729 of the Revised Code.

(E) All required reporting shall be submitted to the board no later than:

(1) For an error in dispensing pursuant to paragraphs (B)(1) through (B)(3) of this rule, ten days from the date the quality assurance program review in accordance with rule 4729:5-3-22 was completed; and

(2) For the termination or resignation of an employee pursuant to paragraphs (B)(4) and (B)(5) of this rule, ten days from the date the individual is terminated or resigns from employment.

(F) Notwithstanding any provision of agency 4729 of the Administrative Code, a pharmacist, pharmacy intern, certified pharmacy technician, registered pharmacy technician, or pharmacy technician trainee shall not be required to make a report to the board pursuant to the applicable duty to report rules in divisions 4729:1, 4729:2, and 4729:3 of the Administrative Code if the licensee or registrant is employed by or under contract with a pharmacy licensed as a terminal distributor of dangerous drugs and the terminal distributor submits a report in accordance with paragraph (B) of this rule.

(G) In accordance with section 4729.23 of the Revised Code, information submitted to the Board in accordance with this rule shall be deemed confidential, is not a public record, and is not subject to discovery in any civil action.

Rule 4729:1-4-01 | Disciplinary actions. (AMEND) [Pharmacists]

(A) As used in this rule:

(1) "Dishonesty" means any action by a licensee, registrant, or applicant to include, but is not limited to, making any statement that deceives, misrepresents or misleads, or be a party to or an accessory to any fraudulent or deceitful practice or transaction in the practice of pharmacy or in the operation or conduct of a pharmacy.

(2) "Unprofessional conduct" has the same meaning as defined in division (C) of section 4729.16 of the Revised Code and shall also include conduct that is detrimental to the best interests of the public, including conduct that endangers the health, safety or welfare of a patient or client. Such conduct shall include, but not be limited to, the following acts: coercion, intimidation, harassment, sexual harassment, improper use of private health information, threats, degradation of character, indecent or obscene conduct, and theft.

(3) "Reckless behavior" means a person who acts recklessly or who is reckless. A person acts recklessly when, with heedless indifference to the consequences, the person disregards a substantial and unjustifiable risk that the person's conduct is likely to cause a certain result or is likely to be of a certain nature. A person is reckless with respect to circumstances when, with heedless indifference to the consequences, the person disregards a substantial and unjustifiable risk that such circumstances are likely to exist.

(B)

(1) The state board of pharmacy, after notice and hearing in accordance with Chapter 119. of the Revised Code, may impose any one or more of the following sanctions on a pharmacist or applicant for a pharmacist license if the board finds the individual engaged in any of the conduct set forth in paragraph (B)(2) of this rule:

(a) Revoke, suspend, restrict, limit, or refuse to grant or renew a license;

(b) Reprimand or place the license holder on probation;

(c) Impose a monetary penalty or forfeiture not to exceed in severity any fine designated under the Revised Code for a similar offense, or in the case of a violation of a section of the Revised Code that does not bear a penalty, a monetary penalty or forfeiture of not more than five hundred dollars.

(2) The board may impose the sanctions listed in paragraph (B)(1) of this rule if the board finds a pharmacist or applicant for a pharmacist license:

(a) Has a criminal conviction for, judicial finding of guilt of, or plea of guilty to a disqualifying offense.

(b) Engaged in dishonesty or unprofessional conduct in the practice of pharmacy.

(c) Is addicted to or abusing alcohol or drugs or is impaired physically or mentally to such a degree as to render the pharmacist unfit to practice pharmacy.

(d) **Except as provided for in paragraph (B)(2)(r) of this rule,** violated, conspired to violate, attempted to violate, or aided and abetted the violation of any of the provisions of Chapter 4729. of the Revised Code, sections 3715.52 to 3715.72 of the Revised Code, Chapter 2925., 3796., 3719. or 4752. of the Revised Code, or any rule adopted by the board under those provisions.

(e) Permitted someone other than a pharmacist or pharmacy intern to practice pharmacy.

(f) Knowingly lent the pharmacist's name to an illegal practitioner of pharmacy or had a professional connection with an illegal practitioner of pharmacy.

(g) Divided or agreed to divide remuneration made in the practice of pharmacy with any other individual, including, but not limited to, any licensed health professional authorized to prescribe drugs or any owner, manager, or employee of a health care facility, residential care facility, or nursing home.

(h) Violated the terms of a consult agreement entered into pursuant to section 4729.39 of the Revised Code.

(i) Committed fraud, misrepresentation, or deception in applying for or securing a license issued by the board under this chapter or under Chapter 3796., 3715., 3719., or 4752. of the Revised Code.

(j) Failed to comply with an order of the board or a settlement agreement.

(k) Violated any state or federal law, regulation, or rule regardless of the jurisdiction in which the acts were committed, except for minor traffic violations such as parking violations, speeding tickets and violations such as failure to obey a red light, failure to use a turn signal or expired vehicle registration.

(l) Has been disciplined by the state board of pharmacy pursuant to section 4729.16 of the Revised Code.

(m) Has been the subject of any of the following by the drug enforcement administration or licensing agency of any state or jurisdiction:

(i) A disciplinary action that resulted in the suspension, probation, surrender or revocation of the person's license or registration.

(ii) A disciplinary action that was based, in whole or in part, on the person's inappropriate prescribing, dispensing, diverting, administering, storing, securing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug.

(n) Failed to conform to prevailing standards of care of similar pharmacists under the same or similar circumstances, whether or not actual injury to a patient is established.

(o) Has been subject to any of the following:

(i) A finding by a court of the person's eligibility for intervention in lieu of conviction; or

(ii) A finding by a court of the person's eligibility for treatment or intervention in lieu of conviction in another jurisdiction.

(p) Has been granted entry into a diversion program, deferred prosecution program, or the equivalent thereof.

(q) Cannot practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills.

(r) Is responsible for any of the following but only as a result of reckless behavior:

(i) An error in dispensing as defined in rule 4729:5-3-22 of the Administrative Code;

(ii) A product quality issue for any compounded drug preparation as defined in rule 4729:7-2-03 of the Administrative Code.

Rule 4729:2-4-01 | Disciplinary actions. (AMEND) [Pharmacy Interns]

(A) As used in this rule:

(1) "Dishonesty" means any action by a licensee, registrant, or applicant to include, but is not limited to, making any statement that deceives, misrepresents or misleads, or be a party to or an accessory to any fraudulent or deceitful practice or transaction in the practice of pharmacy or in the operation or conduct of a pharmacy.

(2) "Unprofessional conduct" has the same meaning as defined in division (C) of section 4729.16 of the Revised Code and shall also include conduct that is detrimental to the best interests of the public, including conduct that endangers the health, safety or welfare of a patient or client. Such conduct shall include, but not be limited to, the following acts: coercion, intimidation, harassment, sexual harassment, improper use of private health information, threats, degradation of character, indecent or obscene conduct, and theft.

(3) "Reckless behavior" means a person who acts recklessly or who is reckless. A person acts recklessly when, with heedless indifference to the consequences, the person disregards a substantial and unjustifiable risk that the person's conduct is likely to cause a certain result or is likely to be of a certain nature. A person is reckless with respect to circumstances when, with heedless indifference to the consequences, the person disregards a substantial and unjustifiable risk that such circumstances are likely to exist.
(B)

(1) The state board of pharmacy, after notice and hearing in accordance with Chapter 119. of the Revised Code, may impose any one or more of the following sanctions on a pharmacy intern or applicant for a pharmacy intern license if the board finds the individual engaged in any of the conduct set forth in paragraph (B)(2) of this rule:

(a) Revoke, suspend, restrict, limit, or refuse to grant or renew a license;

(b) Reprimand or place the license holder on probation;

(c) Impose a monetary penalty or forfeiture not to exceed in severity any fine designated under the Revised Code for a similar offense, or in the case of a violation of a section of the Revised Code that does not bear a penalty, a monetary penalty or forfeiture of not more than five hundred dollars.

(2) The board may impose the sanctions listed in paragraph (B)(1) of this rule if the board finds a pharmacy intern or applicant for a pharmacy intern license:

(a) Has a criminal conviction for, judicial finding of guilt of, or plea of guilty to a disqualifying offense.

(b) Engaged in dishonesty or unprofessional conduct in the practice of pharmacy.

(c) Is addicted to or abusing alcohol or drugs or is impaired physically or mentally to such a degree as to render the pharmacy intern unfit to practice pharmacy.

(d) **Except as provided for in paragraph (B)(2)(p) of this rule,** violated, conspired to violate, attempted to violate, or aided and abetted the violation of any of the provisions of Chapter 4729. of the Revised Code, sections 3715.52 to 3715.72 of the Revised Code, Chapter 2925., 3796., 3719. or 4752. of the Revised Code, or any rule adopted by the board under those provisions.

(e) Knowingly lent the pharmacy intern's name to an illegal practitioner of pharmacy or had a professional connection with an illegal practitioner of pharmacy.

(f) Divided or agreed to divide remuneration made in the practice of pharmacy with any other individual, including, but not limited to, any licensed health professional authorized to prescribe drugs or any owner, manager, or employee of a health care facility, residential care facility, or nursing home.

(g) Committed fraud, misrepresentation, or deception in applying for or securing a license issued by the board under this chapter or under Chapter 3796., 3715., 3719. or 4752. of the Revised Code.

(h) Failed to comply with an order of the board or a settlement agreement.

(i) Violated any state or federal law, regulation, or rule regardless of the jurisdiction in which the acts were committed, except for minor traffic violations such as parking violations, speeding tickets and violations such as failure to obey a red light, failure to use a turn signal or expired vehicle registration.

(j) Has been disciplined by the state board of pharmacy pursuant to section 4729.16 of the Revised Code.

(k) Has been the subject of any of the following by the drug enforcement administration or licensing agency of any state or jurisdiction:

(i) A disciplinary action that resulted in the suspension, probation, surrender or revocation of the person's license or registration.

(ii) A disciplinary action that was based, in whole or in part, on the person's inappropriate prescribing, dispensing, diverting, administering, storing, securing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug.

(l) Failed to conform to prevailing standards of care of similar pharmacy interns under the same or similar circumstances, whether or not actual injury to a patient is established.

(m) Has been subject to any of the following:

(i) A finding by a court of the person's eligibility for intervention in lieu of conviction; or

(ii) A finding by a court of the person's eligibility for treatment or intervention in lieu of conviction in another jurisdiction.

(n) Has been granted entry into a diversion program, deferred prosecution program, or the equivalent thereof.

(o) Cannot practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills.

(p) Is responsible for any of the following but only as a result of reckless behavior:

(i) An error in dispensing as defined in rule 4729:5-3-22 of the Administrative Code;

(ii) A product quality issue for any compounded drug preparation as defined in rule 4729:7-2-03 of the Administrative Code.

Rule 4729:3-4-01 | Disciplinary actions. (AMEND) [Pharmacy Technicians]

(A) As used in this rule:

(1) "Dishonesty" means any action by a licensee, registrant, or applicant to include, but is not limited to, making any statement that deceives, misrepresents, or misleads, or be a party to or an accessory to any fraudulent or deceitful practice or transaction in the practice of pharmacy or in the operation or conduct of a pharmacy.

(2) "Unprofessional conduct" means conduct that is detrimental to the best interests of the public, including conduct that endangers the health, safety or welfare of a patient or client. Such conduct shall include, but not be limited to, the following acts: coercion, intimidation, harassment, sexual harassment, improper use of private health information, threats, degradation of character, indecent or obscene conduct, and theft.

(3) "Reckless behavior" means a person who acts recklessly or who is reckless. A person acts recklessly when, with heedless indifference to the consequences, the person disregards a substantial and unjustifiable risk that the person's conduct is likely to cause a certain result or is likely to be of a certain nature. A person is reckless with respect to circumstances when, with heedless indifference to the consequences, the person disregards a substantial and unjustifiable risk that such circumstances are likely to exist.

(B) The state board of pharmacy, after notice and hearing in accordance with Chapter 119. of the Revised Code, may impose one or more of the following sanctions on a pharmacy technician trainee, registered pharmacy technician, certified pharmacy technician or applicant for such registration if the board finds the individual engaged in any of the conduct set forth in paragraph (C) of this rule:

(1) Revoke, suspend, restrict, limit, or refuse to grant or renew a registration;

(2) Reprimand or place the holder of the registration on probation;

(3) Impose a monetary penalty or forfeiture not to exceed in severity any fine designated under the Revised Code for a similar offense, or in the case of a violation of a section of the Revised Code that does not bear a penalty, a monetary penalty or forfeiture as specified in section 4729.96 of the Revised Code.

(C) The board may impose the sanctions listed in paragraph (B) of this rule if the board finds a pharmacy technician trainee, registered pharmacy technician, certified pharmacy technician or applicant for such registration:

(1) **Except as provided in paragraph (C)(9) of this rule, h**as engaged in any of the conduct specified in division (A)(2) of section 4729.96 of the Revised Code.

(2) Violated any state or federal law or rule regardless of the jurisdiction in which the acts were committed, except for minor traffic violations such as parking violations, speeding tickets and violations such as failure to obey a red light, failure to use a turn signal or expired registration.

(3) Has been disciplined by the state board of pharmacy pursuant to section 4729.96 of the Revised Code.

(4) Has been the subject of any of the following by the drug enforcement administration or licensing agency of any state or jurisdiction:

(a) A disciplinary action that resulted in the suspension, probation, surrender or revocation of the person's license or registration.

(b) A disciplinary action that was based, in whole or in part, on the person's inappropriate prescribing, dispensing, diverting, administering, storing, securing, personally furnishing, compounding, supplying or selling a controlled substance or other dangerous drug.

(5) Has been subject to any of the following:

(a) A finding by a court of the person's eligibility for intervention in lieu of conviction; or

(b) A finding by a court of the person's eligibility for treatment or intervention in lieu of conviction in another jurisdiction.

(6) Has been granted entry into a diversion program, deferred prosecution program, or the equivalent thereof.

(7) Cannot conduct authorized activities according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills.

(8) Engaged in dishonesty or unprofessional conduct.

(9) Is responsible for any of the following but only as a result of reckless behavior:

(a) An error in dispensing as defined in rule 4729:5-3-22 of the Administrative Code;

(b) A product quality issue for any compounded drug preparation as defined in rule 4729:7-2-03 of the Administrative Code.

(D) The board may require that an individual whose registration has been suspended may not be employed by or work in a facility licensed by the state board of pharmacy to possess or distribute dangerous drugs during such period of suspension.

Rule 4729:5-14-01 | Emergency Medical Services - Definitions. (AMEND)

(A) "Business day" means any day other than Saturday, Sunday, or a holiday recognized by the state of Ohio in which the offices of the board of pharmacy are not open for business.

~~**(B) "Certificate to practice" means the level to which an individual is trained and licensed as defined in sections 4765.01, 4765.011 and 4765.30 of the Revised Code and rule 4765-1-01 of the Administrative Code.**~~

(B) "Certificate to practice" means the certificate to practice as an emergency medical responder, emergency medical technician, advanced emergency medical technician, or paramedic issued by the division of emergency medical services within the department of public safety pursuant to section 4765.30 of the Revised Code and Chapter 4765-8 of the Administrative Code.

(C) "Direct supervision" or "personal supervision" means EMS organization personnel shall be physically present at the licensed location or within the immediate proximity of an EMS unit.

(D) "Electronic signature" means any of the following attached to or associated with an electronic drug administration record by EMS organization personnel to authenticate the drug administration record:

(1) A private, unique personal identifier and secure passcode consisting of a combination of letters, numbers, and symbols that is adapted or executed by an individual as that individual's electronic signature.

(2) An electronic image of an individual's handwritten signature that is captured following drug administration and is created by using a writing apparatus (i.e. stylus). The signature shall be legible and include the person's first name, last name, and credentials.

(3) Any other method approved by the board.

(E) "Emergency medical service organization," "EMS organization," or “emergency medical services agency” has the same meaning as in section 4765.01 of the Revised Code.

~~**(F) "Medical director" means a physician to whom an EMS organization has designated, pursuant to section 4765.42 of the Revised Code, to perform the duties of medical director including establishing medical protocols that must be followed in the delivery of emergency medical services.**~~

(F) "Mutual aid" means a formal written agreement between two or more EMS organizations to assist in emergency medical coverage in the other's usual area of coverage, including having access to dangerous drugs during the emergency.

(G)

(1) "Positive identification" means a method of identifying EMS personnel that does not rely solely on the use of a private personal identifier such as a password, but must also include a secure means of identification such as the following:

(a) A manual signature on a hard copy record;

(b) A magnetic card reader;

(c) A bar code reader;

(d) A biometric method;

(e) A proximity badge reader;

(f) A board-approved system of randomly generated personal questions;

(g) A printout of every transaction that is verified and manually signed within a reasonable period of time by the individual who prescribed, administered, or dispensed the dangerous drug; or

(h) Other effective methods for identifying individuals that have been approved by the board.

(2) A method relying on a magnetic card reader, a bar code reader, a proximity badge reader, or randomly generated questions for identification must also include a private personal identifier, such as a password, for entry into a secure mechanical or electronic system.

(H) "Program medical director" or “medical director” means a physician who is involved in the practice or supervision of emergency medicine in a hospital or prehospital setting in accordance with Chapter 4765. of the Revised Code and who advises the accredited institution or approved institution regarding the courses taught within an EMS training program or EMS continuing education program as set forth in section 4765.16 of the Revised Code and Chapter 4765-7 of the Administrative Code.

The program medical director shall be registered with the United States drug enforcement administration pursuant to 21 U.S.C. 823 (12/7/2023).

(I) "Posting up" means locating an EMS unit containing dangerous drugs at a location other than a location licensed by the board of pharmacy for less than twenty-four hours and where the EMS unit is under the direct supervision of the EMS personnel on duty.

(J) "Posting up at a special event" means locating an EMS unit containing dangerous drugs at a location other than a location licensed by the board of pharmacy for more than twenty-four consecutive hours pursuant to a formal agreement with the sponsors of the event and where the EMS unit is under the direct supervision of the EMS personnel on duty.

(1) Posting up at a special event requires notification to the board. Notification shall be provided prior to the special event in a manner determined by the board.

(2) The requirements of this paragraph do not apply in the event of an emergency management assistance compact or an emergency declared by the governor.

~~**(K) "Protocol" or "standing order" means a definitive set of written treatment guidelines that include definitive orders for drugs and their specified dosages which have been authorized and signed by the EMS organization's medical director. A protocol may be used only by licensed or certified EMS personnel, in accordance with the individual's scope of practice, when providing limited medical services to individuals in an emergency.**~~

(K) "Protocol" or "standing order" means a definitive set of written treatment guidelines that include definitive orders for drugs and their specified dosages which have been authorized and signed by the EMS organization's medical director. A protocol may be used only by licensed or certified EMS personnel or individuals licensed in accordance with Chapter 4723. of the Revised Code, in accordance with the individual's scope of practice, when providing limited medical services to individuals in an emergency.

(L) "Readily retrievable" means that records maintained in accordance with this chapter shall be kept in such a manner that they can be separated out from all other records and, upon request, produced for review no later than three business days to an agent, officer, or inspector of the board.

(M) "Responsible person" has the same meaning as defined in rule 4729:5-2-01 of the Administrative Code and is responsible for the supervision and control of dangerous drugs as required in division (B) of section 4729.55 of the Revised Code, adequate safeguards as

required in division (C) of section 4729.55 of the Revised Code, security and control of dangerous drugs, and maintaining all drug records otherwise required.
(N) "Satellite" means a location licensed by the state board of pharmacy as a terminal distributor of dangerous drugs that is separate from the licensed headquarters of the EMS organization.

(O) "Scope of practice" has the same meaning as defined in section 4765.35 of the Revised Code and rule 4765-12-04 of the Administrative Code for an emergency medical responder or first responder, section 4765.37 of the Revised Code, and rule 4765-15-04 of the Administrative Code for an emergency medical technician or emergency medical technician-basic; section 4765.38 of the Revised Code and rule 4765-16-04 of the Administrative Code for an advanced emergency medical technician or emergency medical technician-intermediate; and section 4765.39 of the Revised Code and rule 4765-17-03 of the Administrative Code for a paramedic or emergency medical technician-paramedic.

~~**(P) "Tamper-evident" means a package, storage container or other physical barrier is sealed or secured in such a way that access to the drugs stored within is not possible without leaving visible proof that such access has been attempted or made.**~~

(P) "Tamper-evident" means a storage container or other physical barrier is sealed or secured in such a way that access to the drugs stored within is not possible without leaving visible proof that such access has been attempted or made.

(Q) “Verbal order” means an oral directive that is given through any method of communication including by radio or telephone, directly to an emergency medical services professional, to contemporaneously administer a dangerous drug, including a controlled substance, to individuals in need of emergency medical services outside the physical presence of the medical director or authorizing medical professional.

Rule 4729:5-14-02 | Licensure. (RESCIND CURRENT / NEW)

(A) An EMS organization that possesses dangerous drugs shall apply for and maintain a license as a terminal distributor of dangerous drugs with an emergency medical services classification.

(1) The location that serves as the main station of the EMS organization will be deemed the headquarters. **The headquarters shall be the location where records and drugs for distribution to satellite locations are maintained.**

(2) Any satellite location associated with the headquarters of the EMS organization where dangerous drugs will be stored must be licensed as a terminal distributor of dangerous drugs.

(B) An application for licensure shall include all the following:

(1) A completed application;

(2) A copy of the organization's protocols signed by the program medical director;

(3) A list of the dangerous drugs, or drug list, that may be possessed and administered by EMS organization personnel, expressed in standard dose units, signed by the program medical director;

(4) A list of personnel employed, including volunteers, by the EMS organization who may access and administer dangerous drugs, which includes the name of each employee or volunteer, level of certification, certification number, and expiration date; and

(5) The fee for the appropriate category of licensure.

(C) Each location, headquarters and satellite, may only possess those dangerous drugs that are on the drug list submitted to the board pursuant to paragraph (B)(3) of this rule and only at locations licensed by the state board of pharmacy.

(1) A **program** medical director may modify the drugs that may be possessed and administered by EMS organization personnel by submitting a new drug list to the state board of pharmacy in a manner ~~**determined**~~ **specified** by the board.

(2) A modification to the drug list shall require an update to the EMS organization's protocols. Any updates or changes to the protocols shall only be submitted to the board upon request.

(D) If there is a change of the medical director of an EMS organization, the new medical director shall submit notification, in a manner determined by the board, no later than five business days following the change. Notification shall include a current drug list signed by the new medical director.

(E) Any change to the EMS organization's personnel list shall be updated within thirty days of a change of personnel. Any change of personnel shall only be submitted to the board upon request.

(F) An EMS organization shall maintain a current copy or have access to a current copy of the organization's signed protocols, personnel list, and drug list at each licensed location.

Rule 4729:5-14-03 | Security and control of dangerous drugs. (RESCIND CURRENT / NEW)

(A) The security and control of dangerous drugs is the responsibility of the responsible person on the terminal distributor of dangerous drugs license. The responsible person may delegate the day-to-day tasks to EMS organization personnel who hold appropriate certification/licensure to access the dangerous drugs for which the personnel are responsible. A responsible person shall comply with the requirements set forth in rule 4729:5-2-01 of the Administrative Code.

(B) A licensed EMS organization shall provide effective controls and procedures to deter and detect the theft and diversion of dangerous drugs.

(C) All dangerous drugs maintained in an ambulance or other vehicle operated by the EMS organization shall be secured in a tamper-evident manner**, if not physically secured within the ambulance or other vehicle, to deter and detect unauthorized access** ~~**with access limited to EMS personnel based on certification status**~~, except for the following:

(1) Solutions labeled for irrigation use;

(2) Dextrose solutions;

(3) Saline solutions;

(4) Lactated ringers;

(5) Sterile water; and

(6) Naloxone hydrochloride or other overdose reversal drug as defined in rule 4729-8-01 of the Administrative Code.

(D) All dangerous drugs maintained at the location licensed as a terminal distributor of dangerous drugs **outside of an ambulance or other vehicle operated by the EMS organization** shall be **physically** secured with access limited to EMS organization personnel.

Except as provided in paragraph (E) of this rule, only the following may have access to any controlled substances maintained by the EMS organization:

(1) A paramedic or emergency medical technician-paramedic certified in accordance with Chapter 4765. of the Revised Code;

(2) An advanced emergency medical technician or emergency medical technician-intermediate certified in accordance with Chapter 4765. of the Revised Code; and

(3) Licensed prescribers, nurses, or pharmacists who are employed or affiliated with the EMS organization.

(E) Other EMS organization personnel may have access to controlled substances only under the direct supervision of the individuals listed in paragraph (D) of this rule.

(F) All areas where dangerous drugs and devices are stored shall be dry, well-lighted, well-ventilated, and maintained in a clean and orderly condition. Storage areas shall be maintained at temperatures which will ensure the integrity of the drugs prior to their use as stipulated by the USP/NF and/or the manufacturer's or distributor's labeling unless otherwise directed by the board. Refrigerators and freezers used for the storage of drugs and devices shall comply with the following:

(1) Maintain either of the following to ensure proper refrigeration and/or freezer temperatures are maintained:

(a) Temperature logs with, at a minimum, daily observations; or

(b) A temperature monitoring system capable of detecting and alerting staff of a temperature excursion.

(2) The terminal distributor shall develop and implement policies and procedures to respond to any out-of-range individual temperature readings or excursions to ensure the integrity of stored drugs.

(3) The terminal distributor shall develop and implement a policy that no food or beverage products are permitted to be stored in refrigerators or freezers used to store drugs.

(G) A dangerous drug that is stored improperly, expired, damaged, tampered, or otherwise adulterated shall be separated from active stock to prevent possible administration to patients. Adulterated drugs shall be stored no longer than one year from the date of adulteration or expiration by the EMS organization. Adulterated drugs shall be stored in a manner that prohibits access by unauthorized persons.

(H) A non-controlled dangerous drug that is expired or adulterated shall be disposed of in a manner that renders the drug unavailable and unusable.

(I) Unless the EMS organization is registered with the United States drug enforcement administration (DEA), any controlled substance that is expired or otherwise adulterated shall be returned to the hospital acting as the EMS organization's responsible DEA registrant.

(J) Except as provided in paragraph (K) of this rule, disposal of controlled substances shall be conducted in accordance with rule 4729:5-3-01 of the Administrative Code by individuals listed in paragraph (D) of this rule.

(K) The unused portion of a controlled substance resulting from administration to a patient from a licensee's stock or emergency supply may be destroyed using an on-site method. The on-site method does not have to meet the definition of non-retrievable in rule 4729:5-3-01 of the Administrative Code but must render the drug unavailable and unusable.

The destruction of partially used controlled substances shall be conducted by two licensed/certified healthcare personnel, one of whom shall meet the qualifications listed in paragraph (D) of this rule.

(L) If there is a recall of oxygen by the manufacturer, all portable oxygen tanks affected by the recall shall be handled in accordance with the manufacturer's recall instructions.

Rule 4729:5-14-04 | Record keeping. (AMEND)

(A) All EMS organizations shall keep a record of all dangerous drugs received, administered, sold, transferred, destroyed, **or** disposed ~~**or used**~~.

~~**(B) Records of receipt shall contain a description of all dangerous drugs received, the kind and quantity of dangerous drugs received, the name and address of the persons from whom received, and the date of receipt.**~~

(B) Records of receipt shall contain the name, strength, dosage form, and quantity of the dangerous drugs received, the name and address of the seller, the name and address of the recipient, and the date of receipt. An invoice from a drug distributor licensed in accordance with division 4729:6 of the Administrative Code containing the required information may be used to meet this requirement.

(C) All records of receipt, ~~**delivery,**~~ distribution, administration, selling, disposing, destroying, or using dangerous drugs shall be maintained for a period of three years at the place where the dangerous drugs are located.

Records from satellites may be stored at the EMS organization headquarters if prior approval, in a manner determined by the board, is obtained by the EMS organization.

(D) Records of administration shall be legible and shall contain the first and last name of the EMS personnel who administered the drug, name of the EMS organization, name and strength of the drug administered, date of administration, time of administration, amount of the ~~**dose**~~ **drug** administered, the name or other means of identifying the patient, such as medical record number or run number, and the identification of the individual administering the drug using either of the following methods:

(1) An electronic signature in a computerized recordkeeping system; or

(2) Any form of positive identification.

~~**(E) Records of the disposal or destruction of non-controlled dangerous drugs shall contain the name, strength, dosage form, and quantity of the dangerous drug disposed, the date of disposal, the method of disposal, and, if disposal is performed on-site, the positive identification of the EMS personnel who disposed of the drugs.**~~

(E) Records of disposal of dangerous drugs from inventory, other than controlled substances, shall contain the name, strength, dosage form, and quantity of the dangerous drug disposed, the date of disposal, the method of disposal, and the identification of the EMS personnel that performed the disposal.

(F) Records for the disposal of controlled substance drugs shall be maintained in accordance with rule 4729:5-3-01 of the Administrative Code and, if disposal is performed on-site, the positive identification of the **two** EMS personnel who disposed of the drugs **in accordance with rule 4729:5-14-03 of the Administrative Code**.

Records for the disposal or destruction of the unused portion of a controlled substance resulting from administration to a patient from a ~~licensees~~ **licensee's** stock or emergency supply shall contain the name, strength, dosage form, and quantity of the dangerous drug disposed, the date disposed, the method of disposal**,** and the positive identification of the **two** EMS personnel who disposed of the drugs.

(G) All records maintained in accordance with this rule shall be uniformly maintained and readily retrievable.

(H) An EMS organization that holds a registration with the drug enforcement administration shall conduct an annual inventory of all controlled substances in accordance with ~~agency 4729~~ **rule 4729:5-3-07** of the Administrative Code.

Notwithstanding any other provision of the Administrative Code, this paragraph does not apply to an EMS utilizing a 1:1 exchange system with a hospital acting as its responsible DEA registrant.

(I) All records maintained pursuant to this rule may be electronically created and maintained, provided that the system that creates and maintains the electronic record does so in accordance with the following:

(1) Complies with the requirements of this rule;

(2) All paper records maintained electronically shall be scanned in full color via technology designed to capture all information in the paper record in one form and reproduce it in an electronic medium presentable and usable to an end user;

(3) Contains security features to prevent unauthorized access to the records; and

(4) Contains daily back-up functionality to protect against record loss.

(J) Records of oxygen transfilling shall include the manufacturer's lot number of the oxygen used for transfilling the portable oxygen tanks.

Rule 4729:5-14-05 | Protocols and Verbal Orders for Drug Administration (NEW)

An emergency medical services professional with a certificate to practice and acting within their scope of practice may administer directly (but not prescribe) a dangerous drug, including controlled substances, outside the physical presence of a medical director or authorizing prescriber in accordance with the following:

(A) A protocol or standing order that is issued and adopted by one or more medical directors of the EMS organization; or

(B) A verbal order that is:

(1) Issued in accordance with a policy of the agency; and

(2) Provided by a medical director or an authorizing prescriber in response to a request by the emergency medical services professional with respect to a specific patient in any of the following circumstances:

(a) In the case of a mass casualty incident; or

(b) To ensure the proper care and treatment of a specific patient.

(C) An emergency medical service organization may administer an initial dose of buprenorphine, or another medication for opioid use disorder approved by the board, to a patient in accordance with a protocol approved by the organization's medical director. Such a protocol shall ensure that the EMS agency is able to provide a direct linkage to a program or prescriber who will continue the patient's therapy.

(D) A controlled substance administered in accordance with paragraph (C) of this rule is exempted from reporting to the drug database established in section 4729.75 of the Revised Code.

Rule 4729:5-5-01 | Definitions. (AMEND)

…

(I)

(1) "Positive identification" means a method of identifying a person that does not rely on the use of a private personal identifier such as a password, but must use a secure means of identification that includes any of the following**, as authorized under this chapter of the Revised Code:**

(a) A manual signature on a hard copy record;

(b) A magnetic card reader;

(c) A bar code reader;

(d) A biometric method;

(e) A proximity badge reader;

(f) A board approved system of randomly generated personal questions;

(g) A printout of every transaction that is verified and manually signed within a reasonable period of time by the individual who performed the action requiring positive identification. The printout must be maintained for three years and made readily retrievable; or

(h) Other effective methods for identifying individuals that have been approved by the board.

…

Rule 4729:5-5-04 | Record keeping. (AMEND)

(A) There shall be positive identification of the licensed or registered individuals responsible for performing the following activities authorized under Chapter 4729. of the Revised Code and agency 4729 of the Administrative Code:

(1) Prescription information entered into the record keeping system. ~~**This provision shall take effect one-year from the effective date of this rule.**~~

(2) Verification by the pharmacist of the prescription information entered into the record keeping system.

(3) Prospective drug utilization review, which shall be captured as a standalone action or as part of either:

(a) The pharmacist verification of prescription information in paragraph (A)(2) of this rule; or

(b) The dispensing process in paragraph (A)(4) of this rule.

(4) Dispensing.

(5) Compounding.

(6) Administering immunizations pursuant to section 4729.41 of the Revised Code.

(7) Administering injectable drugs pursuant to section 4729.45 of the Revised Code.

(8) Prescription information transcribed from an order received by telephone, facsimile, or recording device.

(9) Any changes or annotations made to a prescription.

(B) All records maintained in accordance with this rule shall be uniformly maintained for a period of three years.

(C) Record keeping systems shall provide immediate retrieval via digital display and hard copy printout or other mutually agreeable transfer medium of information for all prescriptions dispensed within the previous twelve months and shall provide, in a manner that is readily retrievable, information on all prescriptions dispensed beyond the previous twelve months but within the previous three years. This information shall include, at a minimum, the following data:

(1) The original prescription number;

(2) Date of issuance of the original prescription order by the prescriber;

(3) Full name of the patient for whom the drug is intended; or, if the patient is an animal, the last name of the owner, name of animal (if applicable), and species of the animal or animals;

(4) Residential address, including the physical street address and telephone number of the patient or owner;

(5) Full name and address of the prescriber, including the physical address of the prescriber's practice location;

(6) The prescriber's credential (MD, DDS, DVM, etc.), if indicated on the prescription;

(7) Directions for use;

(8) The brand name, if any, or the generic name and the name of the manufacturer or distributor or national drug code of the drug or device dispensed;

(9) The strength, dosage form, and quantity of the drug or device dispensed;

(10) The prescriber's federal drug enforcement administration number, if applicable;

(11) The positive identification of the persons performing specific actions pursuant to paragraph (A) of this rule;

(12) The total number of refills authorized by the prescriber;

(13) The date of dispensing;

(14) The refill history of the prescription, including all of the following:

(a) The prescription number;

(b) The brand name, if any, or the generic name and the name of the manufacturer or distributor or national drug code of the drug or device dispensed;

(c) The date(s) of dispensing; and

(d) The quantity dispensed.

(D) **Except as provided in paragraphs (N) and (O) of this rule,** a pharmacy that utilizes a computerized system to dispense dangerous drugs ~~**that is unable to**~~ **shall** electronically

document positive identification in accordance with paragraph (A) of this rule**. If a pharmacy does not use a computerized system to dispense dangerous drugs or has obtained a waiver pursuant to paragraph (N) of this rule, the pharmacy** shall be required to maintain hard copy documentation. Hard copy documentation shall be provided by each registered or licensed individual who makes use of such system by one of the following methods:

(1) A hard copy printout of each day's prescription data.

(a) The printout shall include, at a minimum, the following data:

(i) Date of dispensing;

(ii) Prescription number;

(iii) Patient name;

(iv) Name, strength, and quantity of drug dispensed;

(v) Identification of the pharmacist or pharmacy personnel responsible for any activity described in paragraph (A) of this rule;

(vi) Identification of the pharmacy; and

(vii) Identification of controlled substances.

(b) The printout must be verified, dated, and signed by each individual responsible for any activity described in paragraph (A) of this rule. The printout must be verified and manually signed by the individual within a reasonable timeframe to ensure the accuracy of the record.

(c) If the printout is prepared at a location other than where the drug was dispensed, the printout must be provided to the licensed location within three business days of the date on which the drugs were dispensed. Such printouts must be verified and signed by each individual responsible for any activity described in paragraph (A) of this rule within twenty-four hours of the date the printout is received by the individual.

(d) The printout must be readily retrievable and maintained in chronological order in a separate file at the licensed location where the drug was dispensed for a period of three years from the date of dispensing.

(e) The signed printout may be stored electronically in accordance with paragraph (E) of this rule.

(2) A tamper evident log book.

(a) Each individual pharmacist involved in dispensing drugs must enter into a tamper evident log book the following data for each prescription dispensed:

(i) Date of dispensing;

(ii) Prescription number;

(iii) Patient name;

(iv) Name, strength, and quantity of drug dispensed;

(v) Identification of the pharmacist and pharmacy personnel responsible for any activity described in paragraph (A) of this rule;

(vi) Identification of controlled substances.

(b) Each individual responsible for any activity described in paragraph (A) of this rule shall review this information at the end of each day, or at the end of the individual's shift, and must either:

(i) Manually sign a statement in the log book attesting to the fact that the prescription information entered into the computer that day and recorded in the log book has been reviewed by the individual and is correct as shown; or

(ii) Manually initial each entry of the log book to indicate that the prescription information entered into the computer that day and recorded in the log book has been reviewed by the individual and is correct as shown.

(c) The log book must be readily retrievable and maintained at the licensed location where the drug was dispensed for a period of three years from the date of dispensing.

(E) A signed printout that is maintained in accordance with paragraph (D) of this rule may be electronically created and maintained, provided the system creates and maintains the printout in accordance with the following:

(1) All information in the printout shall be scanned in full color (i.e., retains color information and/or color graphics in the document) via technology designed to capture information in one form and reproduce it in an electronic medium presentable and usable to an end user;

(2) A record or image once created shall be unalterable but may be annotated as necessary so long as the original record or image is still available for review and the individual that made the annotation is noted;

(3) Contains security features to prevent unauthorized access to the records;

(4) Contains daily back-up functionality to protect against record loss.

(F) In addition to the immediate retrieval and production of prescription information required by paragraph (C) of this rule, an outpatient pharmacy that utilizes a computerized record keeping system shall comply with the following:

(1) Make readily retrievable the following information:

(a) An electronic record in a character-delimited or fixed-width ASCII text file or other mutually acceptable format that contains any requested data fields the pharmacy is responsible for maintaining pursuant to all federal and state laws, rules and regulations; and

(b) A hard copy printout sorted by any requested data fields that the pharmacy is responsible for maintaining pursuant to all federal and state laws, rules, and regulations.

(2) Make readily available upon request by an individual authorized by law to access such records any of the following:

(a) A printout; or

(b) An electronic record and a definition file describing the file layout and column width, if applicable.

(3) All computerized record keeping systems shall be able to capture records edited by authorized personnel and maintain an audit trail.

(G) In the event that a pharmacy utilizes a computerized record keeping system that experiences an outage, the pharmacy must have an auxiliary procedure which will be used for documentation of refills of prescription orders.

(1) This auxiliary procedure must ensure that refills are authorized by the original prescription order, that the maximum number of refills has not been exceeded, and that all of the appropriate data is recorded and retained.

(2) This auxiliary procedure may utilize hardcopy records and manual signatures to capture positive identification.

(3) Nothing in this paragraph shall preclude a pharmacist from dispensing a refill if, in the exercise of the pharmacist's professional judgement, failure to dispense or sell the drug to the patient could result in harm to the health of the patient.

(H) Prescriptions entered into a computer system that are not dispensed shall meet all of the following requirements:

(1) The complete prescription information must be entered in the computer system;

(2) The information must appear in the patient's profile;

(3) There is positive identification of the person who is responsible for entering the prescription information into the system and the pharmacist responsible for verifying the prescription information in accordance with paragraph (A) of this rule;

(4) The prescription must be assigned a prescription number; and

(5) The original prescription is filed according to rule 4729:5-5-03 of the Administrative Code.

(I) Records shall be maintained for three years and made readily retrievable for all immunizations administered in accordance with section 4729.41 of the Revised Code and rules 4729:1-3-02 and 4729:2-3-03 of the Administrative Code and shall include the following information:

(1) Full name and address of the patient;

(2) Patient's date of birth or age;

(3) Patient's applicable allergy information;

(4) Date of administration;

(5) Name, strength, and dose of the immunization administered;

(6) Lot number and expiration date of the immunization;

(7) Route of administration;

(8) Location of the injection site;

(9) Positive identification of the administering pharmacist or the administering pharmacy intern **or pharmacy technician** and supervising pharmacist;

(10) Identification of the patient, parent, or legal guardian of the patient who gives informed consent to administer the immunization.

(J) Immunization records may be electronically created and maintained if done so in accordance with the standards set forth in paragraph (E) of this rule.

(K) A pharmacist may document the pharmacist's own administration of an immunization or an immunization administered by a pharmacy intern the pharmacist is personally supervising on a prescription form, which may be assigned a number for record keeping purposes.

(L) Records shall be maintained for three years and made readily retrievable for all dangerous drugs administered in accordance with section 4729.45 of the Revised Code and rule 4729:1-3-03 of the Administrative Code and shall include the following information:

(1) Full name and address of the patient;

(2) Patient's date of birth or age;

(3) Patient's applicable allergy information;

(4) Date of administration;

(5) Name, strength, and dose of the drug administered;

(6) Lot number and expiration date of the drug;

(7) Route of administration;

(8) Location of the injection site;

(9) Documentation of test results required prior to the administration of an opioid antagonist in accordance with rule 4729:1-3-03 of the Administrative Code;

(10) Required physician notification pursuant to rule 4729:1-3-03 of the Administrative Code;

(11) Positive identification of the administering pharmacist; and

(12) Identification of the person who provides permission to administer the dangerous drug pursuant to rule 4729:1-3-03 of the Administrative Code.

(M) Dangerous drug administration records may be electronically created and maintained if done so in accordance with the standards set forth in paragraph (E) of this rule.

(N) A waiver of the requirement for electronic positive identification in paragraph (D) of this rule may be granted by the board upon written request of a pharmacy.

(1) The request shall include all information, as specified by the board, to determine if it is in the public interest to waive the electronic positive identification requirement. The board reserves the right to request additional information from the pharmacy and conduct an inspection of the pharmacy pursuant to rule 4729:5-3-03 of the Administrative Code prior to rendering its decision.

(a) The pharmacy must demonstrate that the requirement of electronic positive identification would impose an undue economic hardship and that the proposed system of recording positive identification is sufficient to ensure safety to the public and to patients given the pharmacy's prescription volume and staffing.

(2) If the board approves a waiver, the pharmacy shall retain the waiver until there is a change of ownership or the pharmacy acquires a new computerized system to dispense dangerous drugs, unless otherwise determined by the board.

(3) A pharmacy that is denied a waiver by the board will be provided with a written explanation of the denial.

(4) In determining whether to grant the waiver, the board shall consider, at a minimum, all of the following:

(a) Whether the requirement to implement electronic positive identification will be cost prohibitive so as to impact the continued viability of the business;

(b) The average number of dangerous drugs dispensed at the pharmacy to determine the reliability of a non-electronic method of positive identification;

(c) The results of an inspection authorized in accordance with rule 4729:5-3-03 of the Administrative Code; and

(d) A review of past disciplinary actions taken against the pharmacy, or against an individual while employed by the licensee, that are based, in whole or in part, on drug

security, record keeping violations, errors in dispensing, and/or any other disciplinary actions deemed relevant to the board's analysis.

(O) A pharmacy that utilizes a computerized system to dispense dangerous drugs may use hardcopy records and manual signatures to capture positive identification for any of the following:

(1) Compounding and the dispensation of compounded drugs; and

(2) Ancillary services as defined in rule 4729:5-5-02.1 of the Administrative Code.

Rule 4729:1-2-01 | Criteria for licensure by examination. (AMEND)

~~**(A) Pursuant to sections 4729.07 and 4729.13 of the Revised Code, pharmacist licensure by examination shall consist of the "North American Pharmacist Licensure Examination" (NAPLEX) and the "Multistate Pharmacy Jurisprudence Examination" (MPJE) administered by the national association of boards of pharmacy (NABP).**~~

(A) Pursuant to sections 4729.07 and 4729.13 of the Revised Code, pharmacist licensure by examination shall consist of:

(1) The "North American Pharmacist Licensure Examination" (NAPLEX) administered by the national association of boards of pharmacy (NABP); and

(2) A jurisprudence examination which shall be one of the following as determined by the board:

(a) The "Multistate Pharmacy Jurisprudence Examination" (MPJE) administered by the national association of boards of pharmacy (NABP); or

(b) A jurisprudence examination approved by the board.

(B)(1) Unless otherwise approved by the board, the minimum passing score on each examination shall be determined by NABP.

(**a 1**) Any candidate who fails to receive a passing score on the NAPLEX examination shall make application and remit the fee established by the state board of pharmacy for re-examination.

(**b 2**) Any candidate who fails to receive a passing score on the ~~**MPJE**~~ jurisprudence examination shall make application and remit the fee established by the state board of pharmacy for re-examination.

(~~**B**~~ **C**) A candidate may use the NABP process to transfer the candidate's NAPLEX score to Ohio only after the candidate has met all of the requirements set by the board for examination and licensure in Ohio.

(~~**C**~~ **D**) Pursuant to section 4729.08 of the Revised Code, graduates of unapproved schools or colleges of pharmacy located outside the United States who are using an approved examination to establish equivalency of their education shall:

(1) Obtain a passing score, as determined by NABP, on the "Foreign Pharmacy Graduate Equivalency Examination (FPGEE)"; and

(2) Show oral proficiency in English by successful completion of the "Test of English as a Foreign Language, Internet-based test" (TOEFL iBT) pursuant to rule 4729:1-2-04 of the Administrative Code.

(~~D~~ **E**) Any examination candidate who fails to take both of the required examinations pursuant to paragraph (A) of this rule within twelve months from the date the board receives the application materials shall submit a new application for the required examination or examinations and remit the fee established by the board, as the original application shall be deemed abandoned.

(~~E~~ **F**) The record of the passing score for an examination candidate who takes both of the required examinations pursuant to paragraph (A) of this rule, but successfully only completes one examination will:

(1) Be maintained up to three years if no more than twelve months has elapsed between attempts to successfully complete the remaining examination.

(2) Not be maintained if more than twelve months has elapsed between attempts to successfully complete the remaining examination. It will then be necessary for the examination candidate to repeat both examinations for Ohio licensure.

(~~F~~ G) Any candidate who has requested to transfer their NAPLEX score to Ohio must **successfully complete take** the **MPJE jurisprudence examination** within twelve months from the date the candidate completed the NAPLEX examination or the score transfer will be denied.

(~~G~~ **H**) Pursuant to section 4729.071 of the Revised Code, a candidate must submit electronic or ink fingerprint impressions for a criminal records check prior to receiving approval to take the required examinations. An examination candidate must submit fingerprint impressions no later than sixty days after the date the board receives the application materials. After sixty days, a candidate must submit a new application, the required fee, and fingerprint impressions, as the original application shall be deemed abandoned.

(~~H~~ **I**) Candidates shall be limited to a total of five attempts to pass the NAPLEX and the **MPJE jurisprudence examination**. The board may grant one additional attempt to pass the NAPLEX and the **MPJE jurisprudence examination** in the event of extraordinary circumstances. A candidate that exceeds the limits set forth in this paragraph is no longer eligible to obtain licensure as a pharmacist by examination pursuant to this rule.

(~~I~~ **J**) Pursuant to section 4729.16 of the Revised Code, a limited or restricted license may be issued to an applicant upon the determination of the board.

Rule 4729:1-2-02 | Criteria for licensure by reciprocity. (AMEND)

(A) An applicant seeking licensure as a pharmacist by reciprocity shall comply with all the following:

(1) Be at least eighteen years of age.

(2) Obtain a degree in pharmacy from a school of pharmacy approved by the state board of pharmacy.

(3) Have met the applicable practical experience requirements by either:

(a) Successfully graduating after December 31, 2006 with a doctor of pharmacy degree (Pharm.D.) from a school of pharmacy approved by the state board of pharmacy; or

(b) Obtaining a total of at least one thousand seven hundred and forty hours of documented supervised practical experience in Ohio or any other state or jurisdiction in which the credentials are at least the equivalent of those required by this state at the time the experience was obtained. If the reciprocating state or jurisdiction requires less than the required hours, the board may grant internship credit for practice as a pharmacist.

(4) Hold an active license or registration to practice pharmacy, which is in good standing, in a state or jurisdiction in which the credentials are at least the equivalent of those required by this state. Certification of these credentials shall be conducted by the national association of boards of pharmacy (NABP).

(B) An applicant who has met the requirements of the state or jurisdiction with which the applicant holds a certificate of good standing pursuant to a "Foreign Pharmacy Graduate Examination Commission (FPGEC)" certificate shall be required to establish proficiency in spoken English by providing evidence of the successful completion of the "Test of English as a Foreign Language, Internet-based test" (TOEFL iBT) pursuant to rule 4729:1-2-04 of the Administrative Code.

(C) Except as provided in rule 4729:1-2-09 of the Administrative Code, candidates who qualify for licensure by reciprocity shall successfully complete a course developed by the board **or approved by the board**, that includes a scored evaluation component, on ~~**Ohios**~~ **Ohio's** law and rules governing the practice of pharmacy.

(1) Candidates who do not successfully complete this course within six months following the submission of a completed application shall file a new application and required fee for licensure by reciprocity, as the original application shall be deemed abandoned.

(2) Except as provided in paragraph (C)(3) of this rule, the board may require an applicant to complete **the jurisprudence examination as defined in rule 4729:1-2-01 of the Administrative Code** ~~**the "Multistate Pharmacy Jurisprudence Examination" (MPJE)**~~ in lieu of completing the course if the applicant has never obtained a passing score on the MPJE for any state or jurisdiction.

(3) Paragraph (C)(2) of this rule does not apply to applicant who either:

(a) Received initial licensure prior to January 1, 2018; or

(b) Successfully passed a board approved state jurisprudence examination.

(D) Pursuant to section 4729.071 of the Revised Code, a candidate must submit electronic or ink fingerprint impressions for a criminal records check prior to receiving an initial license to practice as a pharmacist. A reciprocity candidate must submit fingerprint impressions no later than six months after the date the board receives the application materials. After six months, a candidate must submit a new application, the required fee, and fingerprint impressions.

(E) Pursuant to division (B)(2) of section 4796.03 of the Revised Code, the board hereby waives the requirements set forth in division (B)(1) of section 4796.03 of the Revised Code.

(F) Pursuant to division (F)(3) of section 4796.03 of the Revised Code, the required fee for reciprocity shall be three hundred thirty-seven dollars and fifty cents and any transaction fee as required by section 125.18 of the Revised Code.

(G) Pursuant to section 4729.16 of the Revised Code, a limited or restricted license may be issued to an applicant upon the determination of the board.