November 2025 – Rules and Resolutions

Resolutions

1) OARRS Wholesale Sales Reporting Exemption

Hospital pharmacies shall not be required to report intracompany transfers to other prescribers or terminal distributors that operate under the same Drug Enforcement Administration registration as the hospital pharmacy to the Ohio Automated Rx Reporting System (OARRS).

2) Waiver of Requirements of OAC 4729:5-3-11(C)

The Board hereby authorizes the Board's Executive Director to approve third-party intermediaries and systems in accordance with OAC 4729:5-5-15 (C)(4) & (5). Any approval issued in accordance with this resolution shall be reviewed and approved at the next scheduled meeting of the Board.

Furthermore, the Board hereby authorizes non-controlled prescription to be transmitted by means of an electronic prescription transmission system that converts the prescription into a computer-generated fax or scanned image if all the following apply:

- *The transmission is conducted by means of a board approved system that meets the prescription requirements of rule 4729:5-5-15 of the Administrative Code.*
- *The prescription is for compounded total parenteral nutrition to be dispensed by a pharmacy.*

3) Successful completion of the Test of English as a Foreign Language (TOEFL), Internet-based Test by Pharmacists and Interns

In recognition of the change in passing TOEFL scores by the National Association of Boards of Pharmacy, the Board hereby accepts the following TOEFL scores for any pharmacist or intern application received on or after September 1, 2025:

- *Writing: twenty-two.*
- *Speaking: twenty-five.*
- *Listening: twenty-two.*
- *Reading: twenty-one.*

This resolution shall remain in effect until corresponding changes to OAC 4729:1-2-04 and 4729:2-2-07 are complete.

4) Drug Distributor License Requirements for Distribution of Investigational Drugs or Products

The Board hereby waives the following licensure requirements as provided in paragraphs (A)(6) and (A)(7) of section 4729:6-2-04 of the Ohio Administrative Code for applicants intending to distribute investigational drugs or products to Ohio:

- *A current and valid license with the licensing authority of the state where the applicant is physically located*
- *Proof of the entity's valid registration with the United States food and drug administration (FDA)*

The Board hereby requires all drug distributors who intend to distribute investigational drugs or products to submit a copy of valid investigational new drug applications (INDs) with their initial license application as permitted in paragraph (A)(8) of section 4729:6-2-04 of the Ohio Administrative Code.

5) Distribution of Nifedipine by Ohio the Metropolitan Emergency Consortium

To promote the adoption of guidelines for prehospital management of obstetrical emergencies, the Ohio Board of Pharmacy hereby permits a designated EMS organization that is a member of the Metropolitan Emergency Consortium (MEC) to engage in the occasional wholesale sale of nifedipine for blood pressure control to other EMS organizations who are members of the MEC.

The EMS organization selected to serve as the designated distribution site shall:

1. *Provide notification to the Board of the main EMS site that will be engaging in the occasional wholesale distribution of dangerous drugs to the other EMS organizations participating in the MEC.*
2. *The main site will maintain records of all occasional wholesale sales conducted in accordance with the requirements of OAC 4729:5-15-04 (I) (effective 12/1/2025) for three years from sale in a readily retrievable manner.*
3. *The MEC shall attempt to coordinate with a hospital or other pharmacy to act as an occasional wholesaler prior to the expiration of this resolution.*
4. *All receiving EMS organizations shall maintain all records of receipt as required by OAC 4729:5-15-04.*

This resolution shall remain in effect until October 27, 2026, but may be extended by the Board at any time.

For Filing with the Joint Committee on Agency Rule Review

4729:5-18-04 - Operation of a remote dispensing pharmacy.

Rule Text: https://www.registerofohio.state.oh.us/pdfs/4729/5/18/4729$5-18-04_PH_TBR_N_RU_20251015_1139.pdf

4729:5-18-05 - Personnel requirements.

Rule Text: https://www.registerofohio.state.oh.us/pdfs/4729/5/18/4729$5-18-05_PH_TBR_N_RU_20251015_1139.pdf

Comments from NACDS Received During JCARR Public Hearing:

Comment Received	Draft Board Response
The Board has proposed language under Rules 4729:5-18-04 (H) and 4729:5-18-05 (C)(1) specifying that there can be "no more than a total of three certified pharmacy technicians and/or pharmacy interns working within a remote dispensing pharmacy location unless a pharmacist is physically located on-site", and limits a supervising pharmacist to "supervise no more than three certified pharmacy technicians and pharmacy interns per remote dispensing pharmacy." While we appreciate that the Board revised the proposed rule language to clarify that this staffing limit does not apply when there a pharmacist is on-site, we are still concerned that the pharmacist to pharmacy technician ratio is inconsistent with Ohio laws and regulations that otherwise do not such a ratio in retail pharmacies or in other pharmacy settings. The experience in Ohio and in the other 24 states i with no ratio, and the fact that there are no reports or studies showing that ratios	There are currently ratios in Ohio regulations pertaining to pharmacy technician trainees and the supervision of immunizations by pharmacists. The contention that such limitations do not currently exist is inaccurate. Further, the Board questions the need to have more than three staff members operating a pharmacy that is intended to distribute no more than 150 prescriptions per day.

improve public safety, demonstrates that the imposition of ratios are not warranted. Given the nonexistence of evidence supporting ratios, and the imperative to leverage the available pharmacy workforce to deliver needed pharmacy services to the public, we urge the Board to strike the language in Rule 4729:5-18-04 (H) and Rule 4729:5-18-05 (C)(1) to eliminate the arbitrary and unwarranted language imposing a certified pharmacy technician to supervising pharmacist ratio in remote dispensing pharmacy settings. Rule 4729:5-18-04 – Operation of a remote dispensing pharmacy. **~~(H) Unless a pharmacist is located on-site, there shall be no more than a total of three certified pharmacy technicians and/or pharmacy interns working within a remote dispensing pharmacy location unless a pharmacist is physically located on-site.~~** Rule 4729:5-18-05 – Personnel requirements. (C) In serving as a supervising pharmacist, the supervising pharmacist shall do all of the following: **~~(1) Supervise no more than three certified pharmacy technicians and pharmacy interns per remote dispensing pharmacy.~~**	
The Board has proposed a requirement for the designated person of a remote dispensing pharmacy to conduct a controlled substance inventory during each on-site visit, which must take place on at least a quarterly basis.	The surveillance system is intended to identify any diversion and ensure the proper operation of the remote dispensing pharmacy. However, no system is foolproof, and the lack of

Presumably, the proposed quarterly inventory requirement is meant to facilitate frequent monitoring for theft and diversion prevention. Yet the same would be accomplished under the existing statutory and proposed rule requirements for remote dispensing pharmacies to have a fully functioning surveillance system that is operational at all times, with multiple camera views, that records and stores video for 60 days, and that the supervising pharmacist can monitor to deter and detect theft and diversion. Considering these extensive security requirements, we encourage the Board to instead implement an annual controlled substance inventory requirement – similar to what is required for other retail pharmacies establishments (which generally hold *category III terminal distributor license*) under Rule 4729:5-3-07(B). Revise Rule 4729:5-18-04 (L) as follows: (L) The responsible person shall perform on-site visits of the remote dispensing pharmacy at least once per quarter. The on-site visit shall be documented by the responsible person and such documentation shall be immediately retrievable at the location licensed as a remote dispensing pharmacy for three years from the date of the visit by the responsible person. **~~As part of this site visit~~** **Once a year**, the responsible person shall conduct a controlled substance inventory in accordance with rule 4729:5-3-07 of the Administrative Code.	pharmacist on-site supervision necessitates additional controls to prevent the diversion of controlled substances.

4729:5-3-24 - Dispensing dangerous drugs to an alternate location.

Rule Text: https://www.registerofohio.state.oh.us/pdfs/4729/5/3/4729$5-3-24_PH_OF_N_RU_20250904_1220.pdf

Comments from Cleveland Clinic Received During JCARR Public Hearing:

Comment Received	Draft Board Response
We are concerned with the current language as it appears the proposed rule would require pharmacies to retain all patient specific medications for six months, including compounded medications, even when a beyond-use-date is shorter than 6 months. Sterile compounded products have a significantly shorter beyond-use-date. Retaining expired medications is not appropriate since they cannot be safely dispensed to patients. We suggest revising the language to specify that compounded products may be disposed of according to their expiration or beyond-use date, rather than requiring a fixed six-month retention period. The proposed language also appears to apply the six-month retention period to manufacturer supplied medications. We urge the Board to clarify whether this provision also applies to manufacturer supplied patient-specific patient-assistance medications. Retaining medications for such an extended duration may pose adverse clinical implications, as patients' health status and treatment plans may evolve considerably during that time frame. It is essential that	Dispensed medication is a patient's property and shortening the date to which a patient can access their property may present some access concerns. While the Board understands the concerns related to compounded medications, OAC 4729:5-3-06 requires any drug that is adulterated to be segregated from stock shelves and properly destroyed. OAC 4729:5-1-01 defines adulterated to include: (1) A compounded dangerous drug if it exceeds the assigned beyond-use date. Therefore, these concerns raised are already covered by an existing Board of Pharmacy rule.

providers are afforded the opportunity to reassess a patient's clinical status before dispensing medications that were prescribed several months earlier, to ensure optimal and safe patient care. We are also particularly concerned that the proposed requirement to store patient medications for six months will likely create significant storage capacity challenges for our facilities. The extended retention period may strain our available space, including refrigeration and locked storage, and could impact our ability to efficiently manage inventory. Therefore, we respectfully urge the Board to consider revising the requirement to a three-month storage period, which would better align with current practice and mitigate potential logistical issues while ensuring patient safety. Therefore, we suggest the Board adopt the following minor changes to the rule. **4729:5-3-24(D)(4)** The location acknowledges that any patient specific dangerous drug dispensed by a pharmacy is the property of that patient, except that a dangerous drug that is not distributed or administered to that patient within ~~**six**~~ **three** months of dispensation shall be deemed abandoned. A terminal distributor of dangerous drugs may do any of the following with an abandoned drug: (a) Return the drug to the dispensing pharmacy for disposal or, if applicable, returned to stock;	

(b) Be disposed of in accordance the applicable rules set forth in this division of the Administrative Code; **(c) Compounded and any other drug products may be disposed of according to their expiration or beyond-use date**	

For Filing with CSI and JCARR

4729:5-5-15 - Manner of issuance of prescriptions.

Commenter	Comment	Draft Board Response
M. Petrea Cober, PharmD, MEd, BCNSP, BCPPS, FASPEN Northeast Ohio Medical University, College of Pharmacy	I want to applaud the Board's efforts in revising prescription requirements within the state to include a patient's weight if the patient is under the age of 18 and the medication's dose is weight based. As a pediatric pharmacist licensed in Ohio and the Immediate Past President of the Pediatric Pharmacy Association, the largest organization of pediatric pharmacists in the US, I whole-heartedly endorse this requirement. It is critical to the care of pediatric patients to have an accurate patient weight to correctly perform my duties as a pharmacist in ensuring the safe and effective treatment of my patients. This requirement will ensure safe and timely delivery of care to our most vulnerable population. Thank you for addressing this important issue.	Supportive Comment.
David E. Burke, R.Ph, MBA Ohio Pharmacists Association	This letter is in response to the solicitation for stakeholder comment on the proposed rule 4729:5-5-15 with public comment ending October 3, 2025. The Ohio Pharmacists Association (OPA) was formed September 2, 1879 in Columbus, Ohio under the name Ohio State Pharmaceutical Association (OSPA). The purpose of the Association was to elevate the character of the	To avoid PBM claw backs, the rule requires weight to be obtained for every patient under 18 and no longer stipulates that it be included for weight-based prescriptions only. The rule also provide additional avenues to capture a patient's weight

	pharmaceutical profession, by uniting the reputable druggists of the state in order to foster the education of those learning the art and thereby stimulate the talent of those engaged in pharmacy. In cooperation with its members and leaders, the present-day OPA continues to function by this purpose and act to positively impact the profession as these past extraordinary individuals did. The Ohio Pharmacists Association appreciates the opportunity to provide comments on the proposed rule related to the Manner of Issuance of a Prescription. Anytime OPA can improve the public safety and the pharmacy work environment, we will partner towards that improvement. We submit the following comment for your consideration. **Rule 4729:5-5-15 | Manner of issuance of a prescription. (AMEND)** Under the proposed rule (B)(8), the placement of requiring a patient's weight upon the prescription by the pharmacist under certain circumstances, makes weight a requirement for the validity of a prescription and thus gives OPA dissent. This is offset by a strong spirit of collaboration towards a common purpose of public safety and the desired enhancement of a pharmacist's clinical judgement.	that balances access with safety and permits the pharmacist to exercise their professional judgement.

	Our exception is drawn from similarly existing clinical requirements for dispensing. For controlled substances used for the treatment of obesity (Rule 4731-11-04), the burden of BMI rests upon the prescriber. While not always placed upon the prescription as required, a pharmacist can call the prescriber to obtain the BMI rather than calculate it at the pharmacy. Similarly, other medications requiring a Risk Evaluation and Mitigation Strategy (REMS) inputs for dispensing are provided by the prescriber rather than the pharmacist. The same can be said for prescriptions requiring a diagnosis code prior to dispensing, such as controlled substances. This burden is placed upon the prescriber as the pharmacist does not have access to the patient's medical record, or, oftentimes, the patient. The situation is further complicated as pharmacists are not required to receive a diagnosis with most prescriptions. Turning back to the proposed rule at hand, various doses of amoxicillin can be administered at multiples (mg/kg) depending upon the diagnosis. Simply placing a mg/kg dose upon the prescription and obtaining weight does not guarantee the patient is getting the correct dose for treatment as the pharmacist is unable to administer clinical judgment. Beyond this, the gaining of information by a third party could be	

	inaccurate. A grandfather, neighbor, or caregiver may have no idea of a patient's weight, but rather than confess, they guess. The pharmacist would then be performing their calculation with inaccurate information that could harm the patient. Finally, the placement of the requirement of patient weight within 4729:5-5-15 elevates a recording of weight to that of a legal requirement of prescription validity. A pharmacy benefit manager (PBM) would certainly add this requirement to their audit list and potentially deny or recoup payment where applicable. It is unclear which medications or circumstances would merit a recording of weight upon a prescription and a PBM could interpret this rule more broadly than intentioned. We also add that the obtaining of this clinical finding rests upon the pharmacist who already has a workload burden which is well known. OPA shares your concern that pharmacists must have vital clinical information to ensure public safety. We would enjoy nothing more than collaborating with you towards a remedy that's even more effective than the proposed rule. As you know, the Institute for Safe Medication Practices has long spoken to these issues in pharmacy. As pharmacists pursue more clinical activity with patients, they will find	

	additional necessity to access the patient's medical record to ensure safe dispensing and treatment. Again, OPA would welcome a broader discussion on pharmacists gaining access to medical records to assist them in such collaborative work with other providers and better ensure patient safety upon dispensing. Until such day, the obtaining and placement of clinical information upon the prescription is better placed with the prescriber of the treatment.	
Mark Johnston, RPh CVS Health	I am writing to you in my capacity as Executive Director of Board of Pharmacy Advocacy and Regulatory Affairs for CVS Health and its family of pharmacies. We thank the Ohio Board of Pharmacy ("Board") for considering our comments during the first comment period for the promulgation of proposed changes to 4729:5-5-15-Mannor of Issuance of Prescriptions, which ended on 8/1/2025. Additionally, we appreciate this second opportunity to provide comment. We respectfully submit the following comments, with the mutual goal of promoting patient safety and mitigating barriers for pharmacy teams to accomplish those goals. 1) As previously commented and of great importance, the rule as currently constructed creates a mandate for the pharmacist to ensure that the patient's weight is	Incorporates the suggested language allowing a pharmacist to utilize a weight that is in the patient's profile and/or exercise professional judgment to allow the pharmacist to obtain the weight from the patient or patient's caregiver directly if the patient would be negatively harmed by any delay.

	included on prescriptions issued for pediatric patients, but there is no corresponding mandate placed on the prescriber to include this information on the prescription at the point of issuance. Absent a corresponding requirement on the part of the prescriber, pharmacists are put in the position of having to monitor for and enforce an element of a prescription that a prescriber themselves are not required to include. We urge the Board to collaborate with administrative agencies that regulate prescribers in Ohio and other entities for the promulgation and enactment of parallel regulations that create a corresponding requirement upon prescribers to include the patient's current weight when issuing a prescription for pediatric patients. 2) The revised language for this second comment period allows a patient's weight to be obtained from a patient's medical record, provided the patient's weight has been obtained from the patient within one month of the prescription being issued. While the "one month" limitation may be pertinent to some drug therapies or some patients based on their	

	age, it may not be pertinent for adolescent patient dispensing. For example, the weight for an infant may change dramatically over a one month period, however the weight for a teenager may not change at all, making the one month limitation arbitrary. Therefore, CVS Health requests the Board to allow pharmacists to use their professional judgment to utilize a weight that exists within the pharmacy's operating system, such as in a patient's profile, looking back at a time period that is appropriate for the patient's age and drug therapy. Please see the following red lined edits for the Board's consideration: (8) For patients under the age of eighteen, indicate the patient's actual body weight in metric units if the dosing of the drug being prescribed is based upon a patient's weight. If not indicated on the prescription, this information may be added to the prescription by pharmacy personnel using any of the following methods: (a) Contacting the issuing prescriber; (b) If the pharmacy has the necessary	

	equipment on-site, obtaining the weight of the patient; (c) Accessing the patient's medical record or the pharmacy's dispensing software, provided the patient's weight has been obtained from the patient within ~~one month~~ an appropriate timeframe of the prescription being issued based on the pharmacist's professional judgment; or (d) Contacting the patient, patient's parent, or caregiver. (e) Nothing in this rule prohibits a pharmacist from utilizing their professional judgment to dispense a prescription to avoid a delay in therapy that may result in patient harm.	

Current Draft	Proposed Draft
(8) For patients under the age of eighteen, indicate the patient's actual body weight in metric units if the dosing of the drug being prescribed is based upon a patient's weight. If not indicated on the prescription, this information may be added to the prescription by pharmacy personnel using any of the following methods: (a) Contacting the issuing prescriber; (b) If the pharmacy has the necessary equipment on-site, obtaining the weight of the patient; (c) Accessing the patient's medical record, provided the patient's weight has been obtained from the patient within one month of the prescription being issued; or (d) Contacting the patient, patient's parent, or caregiver.	(8) For patients under the age of eighteen, indicate the patient's actual body weight in metric units. If not indicated on the prescription, this information may be added to the prescription by pharmacy personnel using any of the following methods: (a) Contacting the issuing prescriber or prescriber's agent; (b) If the pharmacy has the necessary equipment on-site, obtaining the weight of the patient; (c) Accessing the patient's medical record, including a patient portal provided by the patient or patient's caregiver; (d) Accessing the pharmacy's dispensing software, provided the patient's weight has been obtained from the patient within an appropriate timeframe of the prescription being issued based upon the pharmacist's professional judgement; or (e) If the information cannot be obtained from a source listed in paragraphs (B)(8)(a) through (B)(8)(d) of this rule in a timely manner and in the professional judgement of the pharmacist, failure to dispense the drug to the patient could result in harm to the health of the patient, the pharmacist may obtain a patient's weight by contacting the patient, patient's parent, or caregiver. In

	this instance, the pharmacy shall be required to confirm the patient's weight with the issuing prescriber within seventy-two hours of dispensation.

4729:5-5-15 - Manner of issuance of a prescription.

(A) A prescription, to be valid, must be issued for a legitimate medical purpose by an individual prescriber acting in the usual course of the prescriber's professional practice. The responsibility for the proper prescribing is upon the prescriber, but a corresponding responsibility rests with the pharmacist who dispenses the prescription. An order purporting to be a prescription issued not in the usual course of bona fide treatment of a patient is not a prescription and the person knowingly dispensing such a purported prescription, as well as the person issuing it, shall be subject to the penalties of law.

(B) All outpatient prescriptions issued by a prescriber shall:

(1) Be dated as of and on the day when issued.

(2) Contain the manually printed, typewritten, or preprinted full name, professional title, and address of the prescriber. The prescriber's address shall include the physical address of the prescriber's practice location.

(3) Indicate a telephone number where the prescriber can be contacted during normal business hours.

(4) Indicate the full name and residential address of the patient; 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. The patient or owner's residential address shall include a physical street address.

(5) Indicate the drug name and strength.

(6) Indicate the quantity to dispense.

(7) Indicate the appropriate and explicit directions for use.

(8) For patients under the age of eighteen, indicate the patient's actual body weight in metric units if the dosing of the drug being prescribed is based upon a patient's weight. If not indicated on the prescription, this information may be added to the prescription by pharmacy personnel using any of the following methods:

(a) Contacting the issuing prescriber;

(b) If the pharmacy has the necessary equipment on-site, obtaining the weight of the patient;

(c) Accessing the patient's medical record, provided the patient's weight has been obtained from the patient within one month of the prescription being issued; or

(d) Contacting the patient, patient's parent, or caregiver.

(**9** ~~**8**~~) Specify the number of times or the period of time for which the prescription may be refilled. If no such authorization is given, the prescription may not be refilled except in accordance with section 4729.281 of the Revised Code.

(a) Prescriptions for non-controlled substance dangerous drugs bearing "PRN," "Ad lib," or other similar prescription refill designation permitting the pharmacist to refill the prescription as needed by the patient, shall be refilled only in keeping with the number of doses ordered and according to the directions for use, and, in no instance, shall such prescription be refilled beyond one year from the date of issue. The prescription shall not be refilled out of context with the dosage schedule indicated in the directions for use unless specifically authorized by the prescriber.

(b) Prescriptions for controlled substance dangerous drugs bearing "PRN," "Ad lib," or other similar prescription refill designation are not considered a valid refill authorization.

(**10** ~~**9**~~) Not authorize any refills for schedule II controlled substances.

(**11** ~~**10**~~) Authorize refills for schedules III and IV controlled substances only as permitted by section 3719.05 of the Revised Code.

(**12** ~~**11**~~) Not authorize a refill beyond one year from the date of issuance for schedule V controlled substances and for dangerous drugs that are not controlled substances.

(**13** ~~**12**~~) Identify the trade name or generic name of the drug(s) in a compounded prescription.

(**14** ~~**13**~~) Not be coded in such a manner that it cannot be dispensed by any pharmacy of the patient's choice.

(**15** ~~**14**~~) For a controlled substance:

(a) Indicate the drug enforcement administration registration number of the prescriber pursuant to 21 CFR 1306.05 (3/31/2010).

(b) Except for veterinarians licensed pursuant to Chapter 4741. of the Revised Code, indicate either:

(i) The ICD-10-CM medical diagnosis code of the primary disease or condition that the controlled substance is being used to treat. The code shall, at a minimum, include the first four alphanumeric characters of the ICD-10-CM medical diagnosis code, sometimes referred to as the category and the etiology (ex. M 16.5).

(ii) For dentists licensed pursuant to Chapter 4715. of the Revised Code, the Code on Dental Procedures and Nomenclature (CDT Code), as published by the American dental association, of the dental treatment requiring the controlled substance prescription.

(**16** ~~**15**~~) Except for veterinarians licensed under Chapter 4741. of the Revised Code, for all controlled substances and products containing gabapentin: indicate the prescriber's intended days' supply of the prescription.

(**17** ~~**16**~~) For a managing pharmacist acting as an agent of a physician pursuant to section 4729.39 of the Revised Code and Chapter 4729:1-6 of the Administrative Code, the prescription shall include the full name of the managing pharmacist.

(**18** ~~**17**~~) Be issued in compliance with all applicable federal and Ohio laws, rules, and regulations.

(C) Failure of a prescription to contain the requirements set forth in paragraphs (B)(~~**14**~~ **15**)(b) and (B)(~~**15**~~ **16**) of this rule or of the pharmacist to obtain the information set forth in paragraphs (B)(~~**14**~~ **15**)(b) and (B)(~~**15**~~**16**) of this rule shall not render the prescription, if dispensed in good faith, to be invalid.

(D) All prescriptions issued on paper to a patient by a prescriber shall be:

(1) Manually signed on the day issued by the prescriber in the same manner as the prescriber would sign a check or legal document.

(2) Issued in compliance with rule 4729:5-5-05 of the Administrative Code.

(E) When forms are used that create multiple copies of a prescription issued to a patient by a prescriber, the original prescription that includes the actual signature of the prescriber must be issued to the patient for dispensing by a pharmacist.

(F) Pursuant to section 4729.38 of the Revised Code, a pharmacist shall not select a generically equivalent drug or interchangeable biological product if either of the following applies:

(1) In the case of a written or electronic prescription, including a computer-generated prescription, the prescriber handwrites or actively causes to display on the prescription "dispense as written," "D.A.W.," "do not substitute," "brand medically necessary," or any other statement or numerical code that indicates the prescriber's intent to prevent substitution. Such a designation shall not be preprinted or stamped on the prescription, but a reminder to the prescriber of the designation procedure may be preprinted or displayed on the prescription form or electronic system the prescriber uses to issue the prescription.

(2) In the case of an oral prescription, the prescriber or the prescriber's agent specifies that the drug as prescribed is medically necessary or otherwise indicates the prescriber's intent to prevent substitution.

(G) **~~Pursuant to section 4729.40 of the Revised Code, a~~ A** pharmacist shall **comply with the requirements of section 4729.40 of the Revised Code when converting prescriptions authorizing refills. ~~not dispense a quantity or amount of drug that varies from the quantity or amount of the drug that otherwise would be dispensed unless all the conditions are met in accordance with that section and either of the following applies:~~**

~~(1) The prescriber includes "dispense as written" or another phrase having a similar meaning on the prescription. Such a designation shall not be preprinted or stamped on the prescription, but a reminder to the prescriber of the designation procedure may be preprinted or displayed on the prescription form or electronic system the prescriber uses to issue the prescription.~~

~~(2) When issuing a prescription electronically or orally, the prescriber specifies that the quantity or amount of the drug to be dispensed may not vary from the quantity or amount specified in the prescription.~~

(H) Pursuant to section 4729.382 of the Revised Code, a pharmacist shall not make the substitution of an epinephrine autoinjector if either of the following applies to the prescription:

(1) In the case of a written or electronic prescription, including a computer-generated prescription, the prescriber handwrites or actively causes to display on the prescription "dispense as written," "D.A.W.," "do not substitute," "medically necessary as prescribed," or any other statement or numerical code that indicates the prescriber's intent to prevent substitution. Such a designation shall not be preprinted or stamped on the prescription, but a reminder to the prescriber of the designation procedure may be preprinted or displayed on the prescription form or electronic system the prescriber uses to issue the prescription.

(2) In the case of an oral prescription, the prescriber specifies that the epinephrine autoinjector as prescribed is medically necessary or otherwise indicates the prescriber's intent to prevent substitution.

(I) A patient or patient's caregiver shall have the exclusive right to freedom of choice for any pharmacy to dispense prescriptions.

(J) A pharmacist may dispense a prescription from a prescriber practicing outside of Ohio, if all the following apply:

(1) The prescriber who issued the prescription would ordinarily be entitled to issue prescriptions under Ohio law and the state where the prescription was issued;

(2) The prescription meets all the requirements of this rule, including whether the prescription is for a legitimate medical purpose in accordance with paragraph (A) of this rule.

(3) The prescription is transmitted in accordance with rule 4729:5-3-11 of the Administrative Code; and

(4) For a controlled substance prescription, the prescriber holds a valid drug enforcement administration registration number in the state of origin of the prescription.

4729:2-2-07 - Successful completion of the Test of English as a Foreign Language, Internet-based Test.

Successful completion of the "Test of English as a Foreign Language, Internet-based test" (TOEFL iBT) shall be the following minimum scores or higher:

(A) Writing: **twenty-two** ~~**twenty-four**~~;

(B) Speaking: **twenty-five** ~~**twenty-six**~~;

(C) Listening: **twenty-two** ~~**twenty-one**~~; and

(D) Reading: **twenty-one** ~~**twenty-two**~~.

4729:1-2-04 - Successful completion of the Test of English as a Foreign Language, Internet-based Test.

Successful completion of the "Test of English as a Foreign Language, Internet-based test" (TOEFL iBT) shall be the following minimum scores or higher:

(A) Writing: **twenty-two** ~~**twenty-four**~~;

(B) Speaking: **twenty-five** ~~**twenty-six**~~;

(C) Listening: **twenty-two** ~~**twenty-one**~~; and

(D) Reading: **twenty-one** ~~**twenty-two**~~.

4729:1-2-10 - Emeritus pharmacists. (AMEND)

(A) As used in this rule:

(1) "Emeritus pharmacist" means an individual who meets all the following:

(a) Is currently or has been licensed to practice pharmacy in this state for at least ten years;

(b) Is retired from the practice of pharmacy;

(c) Is in good standing;

(d) Is at least sixty years old **or has ~~have~~ held a license to practice pharmacy in Ohio for at least thirty years**; and

(e) Has applied for an emeritus designation in accordance with this rule.

(2) "In good standing" means a pharmacist to which all the following apply at the time of application:

(a) Does not have a board order restricting the privilege of supervising interns;

(b) Has not been denied a license, registration or certificate by any public agency or licensing agency;

(c) Does not have a license, registration or certificate limited, suspended, or revoked by any public agency or licensing agency.

(B) Any person that meets the requirements in paragraph (A)(1) of this rule may apply to the board for emeritus designation.

(C) To apply for emeritus designation, a pharmacist shall submit a form containing information as required by the board and in a manner determined by the board.

(D) There shall be no fee associated with applying for or maintaining an emeritus designation.

(E) The emeritus designation is not a license to engage in the practice of pharmacy.

(1) Emeritus pharmacists shall not engage in the practice of pharmacy.

(2) Upon issuance of an emeritus designation, a license authorizing the person to practice pharmacy shall be considered void and may only be renewed or reinstated in accordance with the provisions of Chapter 4729. of the Revised Code and this chapter of the Administrative Code.

(F) The continuing education requirements of Chapter 4729:1-5 of the Administrative Code are not applicable to an emeritus pharmacist.

(G) An emeritus pharmacist shall not be subject to the licensure renewal requirements or renewal fees pursuant to this chapter.

(H) The board may refuse to issue or may revoke an emeritus designation for acts or conduct that are in violation of any provision of Chapters 4729., 3719., 3796., 3715., and 2925. of the Revised Code or Chapter 4729:1-4 of the Administrative Code. The decision to refuse to issue or revoke an emeritus designation is not subject to hearing rights or appeal under Chapter 119. of the Revised Code.

4729:3-2-01 - Registration procedures. (AMEND)

(A) An applicant for registration as a pharmacy technician trainee shall:

(1) Comply with all requirements set forth in section 4729.92 of the Revised Code.

(2) Comply with the criminal records check requirements pursuant to rule 4729:3-2-02 of the Administrative Code.

(3) Submit a complete application for registration, in a manner determined by the board, that includes:

(a) The required application fee **established in section 4729.921 of the Revised Code** ~~**of twenty-five dollars**~~, including any transaction fee as required by section 125.18 of the Revised Code.

(b) **Except as provided in paragraph (A)(3)(c), d**ocumentation, as specified by the board, that the applicant meets **both of** the following requirements:

(i) Has a high school diploma, a certificate of high school equivalence, a foreign school diploma that is equivalent to a U.S. high school diploma or has been employed continuously since prior to April 8, 2009, as a pharmacy technician without a high school diploma or certificate of high school equivalence; **and**

(ii) Is at least ~~**eighteen**~~ **seventeen** years of age.

(c) Notwithstanding the requirements of paragraph (A)(3)(b) of this rule, the board may register as a pharmacy technician trainee an applicant who is seventeen or eighteen years of age and does not possess a high school diploma or certificate of high school equivalence if the applicant is enrolled in a career-technical school program that is approved by the board and conducted by a city, exempted village, local, or joint vocational school district.

(d) Any additional information or documentation as determined by the board.

(4) A pharmacy technician trainee licensed or registered in another state may apply for registration by reciprocity by complying with the requirements listed in paragraphs (A)(1) to (A)(3) of this rule.

(B) An applicant for registration as a registered pharmacy technician shall:

(1) Comply with all requirements set forth in section 4729.90 of the Revised Code.

(2) Comply with either of the following:

(a) Have completed an approved training program pursuant to rule 4729:3-3-02 of the Administrative Code; or

(b) Hold a pharmacy technician registration or license issued by another state and have actively worked as a pharmacy technician for at least one year within the previous five years of application.

(3) Comply with the criminal records check requirements pursuant to rule 4729:3-2-02 of the Administrative Code.

(4) Submit a complete application for registration, in a manner determined by the board, that includes:

(a) The required application fee **established in section 4729.901 of the Revised Code** ~~**of fifty dollars**~~, including any transaction fee as required by section 125.18 of the Revised Code;

(b) Except for applicants currently registered as pharmacy technician trainees, documentation, as specified by the board, that the applicant meets the following requirements:

(i) Has a high school diploma, a certificate of high school equivalence, a foreign school diploma that is equivalent to a U.S. high school diploma or has been employed continuously since prior to April 8, 2009, as a pharmacy technician without a high school diploma or certificate of high school equivalence;

(ii) Is at least eighteen years of age; and

(iii) If the applicant has a foreign school diploma that is equivalent to a U.S. high school diploma, the applicant shall submit evidence of successful completion of the "Test of English as a Foreign Language, Internet-based test" (TOEFL iBT) pursuant to rule 4729:3-2-05 of the Administrative Code.

(c) Paragraph (B)(4)(b)(iii) of this rule shall not apply if the applicant complies with any of the following:

(i) Submits a diploma or transcript demonstrating completion of an associate degree or higher from an accredited college, junior college, community college, or university in the United States.

(ii) Submits verification of active professional license or registration issued under the following chapters of the Revised Code: 4715., 4723., 4725., 4729., 4730., 4731., 4732., 4734., 4741., 4744., 4753., 4755., 4757., 4759., 4760., 4761., 4762., 4774., 4778., 4779., 4783.

(iii) Submits verification of an active professional license or registration from another state that permits the applicant to engage in the same profession, occupation, or occupational activity as any license or registration issued by an agency listed in paragraph (B)(4)(c)(ii) of this rule.

(iv) Submits an attestation signed by the responsible person, or the equivalent in the state where the technician is registered, of the pharmacy where the technician is actively employed or was employed in the five years prior to the date of submission of an application. The responsible person must complete the required attestation form provided by the board and attest to their personal observation that the technician applicant demonstrates the required proficiency (reading, listening, speaking, and writing) in the ~~**english**~~ **English** language to practice safely and effectively as a registered pharmacy technician.

(v) Submits documentation of any other board approved method for demonstrating ~~**english**~~ **English** language proficiency.

(d) Any of the following documentation:

(i) An attestation, certificate of completion, or other board approved documentation that the applicant has successfully completed an approved training program in accordance with rule 4729:3-3-02 of the Administrative Code.

(ii) Documentation, as determined by the board, demonstrating compliance with the reciprocity requirements of paragraph (B)(2)(b) of this rule.

(e) Any additional information or documentation as determined by the board.

(C) An applicant for registration as a certified pharmacy technician shall:

(1) Comply with all requirements set forth in section 4729.90 of the Revised Code.

(2) Comply with either of the following:

(a) Have completed an approved training program pursuant to rule 4729:3-3-02 of the Administrative Code;

(b) Hold a pharmacy technician registration or license issued by another state and have actively worked as a pharmacy technician for at least one year within the previous five years of application; or

(c) Holds a current pharmacy technician certification from an organization that has been recognized by the board for at least two years immediately preceding the date the application is submitted and has been actively practicing as a pharmacy technician in a state that does not issue a pharmacy technician license or registration for at least two of the five years immediately preceding the date the application is submitted.

(3) Comply with the criminal records check requirements pursuant to rule 4729:3-2-02 of the Administrative Code.

(4) Submit a complete application for registration, in a manner determined by the board, that includes:

(a) The required application fee **established in section 4729.901 of the Revised Code** ~~**of fifty dollars**~~, including any transaction fee as required by section 125.18 of the Revised Code, except as provided in rule 4729:3-2-03 of the Administrative Code;

(b) Documentation, as specified by the board, that the applicant has a current pharmacy technician certification from an organization that has been recognized by the board.

(c) Except for applicants currently registered as pharmacy technician trainees, documentation, as specified by the board, that the applicant meets the following requirements:

(i) Has a high school diploma, a certificate of high school equivalence or a foreign school diploma that is equivalent to a U.S. high school diploma;

(ii) Is at least eighteen years of age; and

(iii) If the applicant has a foreign school diploma that is equivalent to a U.S. high school diploma, the applicant shall submit evidence of successful completion of the "Test of English as a Foreign Language, Internet-based test" (TOEFL iBT) pursuant to rule 4729:3-2-05 of the Administrative Code.

(d) Paragraph (C)(4)(c)(iii) of this rule shall not apply if the applicant complies with either of the following:

(i) Submits a diploma or transcript demonstrating completion of an associate degree or higher from an accredited college, junior college, community college or university in the United States.

(ii) Submits verification of active professional license or registration issued under the following chapters of the Revised Code: 4715., 4723., 4725., 4729., 4730., 4731., 4732., 4734., 4741., 4744., 4753., 4755., 4757., 4759., 4760., 4761., 4762., 4774., 4778., 4779., 4783.

(iii) Submits verification of an active professional license or registration from another state that permits the applicant to engage in the same profession, occupation, or occupational activity as any license or registration issued by an agency listed in paragraph (C)(4)(d)(ii) of this rule.

(iv) Submits an attestation signed by the responsible person, or the equivalent in the state where the technician is registered, of the pharmacy where the technician is actively employed or was employed in the five years prior to the date of submission of an application. The responsible person must complete the required attestation form provided by the board and attest to their personal observation that the technician applicant demonstrates the required proficiency (reading, listening, speaking, and writing) in the ~~**english**~~ **English** language to practice safely and effectively as a certified pharmacy technician.

(v) Submits documentation of any other board approved method for demonstrating ~~**english**~~ **English** language proficiency.

(e) Any of the following documentation:

(i) An attestation, certificate of completion, or other board approved documentation that the applicant has successfully completed an approved training program in accordance rule 4729:3-3-02 of the Administrative Code.

(ii) Documentation, as determined by the board, demonstrating compliance with the reciprocity requirements of paragraphs (C)(2)(b) and (C)(2)(c) of this rule.

(f) Any additional information or documentation as determined by the board.

(D) Pursuant to section 4729.921 of the Revised Code, a registration for a pharmacy technician trainee is valid for eighteen months from the date of issuance.

(E) A pharmacy technician trainee that fails to meet the education and training requirements during the trainee's initial registration period~~**,**~~ may apply for reinstatement of their registration by submitting an application and ~~**required**~~ fee as required by paragraph (A) of this rule. **Only one reinstatement shall be granted, but an individual may reapply for registration if the individual's previous registration has lapsed for more than five years or the board grants its approval.**

(F) Pursuant to section 4729.96 of the Revised Code, a limited or restricted registration may be issued to an applicant upon the determination of the board.

(G) An initial registration for a registered pharmacy technician and certified pharmacy technician is valid until the renewal date set forth in rule 4729:3-2-03 of the Administrative Code.

(H) Failure to complete all application requirements within thirty days after being notified by the board may result in the application being deemed abandoned as defined in rule 4729:3-1-01 of the Administrative Code.

(I) Registration fees for veterans shall be waived upon submission of the appropriate documentation. Documentation required to obtain a fee waiver will be published on the state board of pharmacy's web site: www.pharmacy.ohio.gov.

Probation Rules

Comments from Avita Health Received During the Stakeholder Comment Process:

Comment Received	Draft Board Response
I would like to request re-consideration of complete removal of "observed" urine drug screens as this seemingly could imply that an approved treatment provider could conduct an unobserved urine screen without donor verification. Understanding that other forms of urine drug screen (such as DNA verification) can be satisfactorily performed without need for observation, I would ask that we consider modifying "observed urine screen" to "donor verified urine screen" or similar language. This may require consideration of addition of a definition to the rule.	Incorporated this comment into the rule.

4729:4-1-01 - Definitions - impaired licensees, registrants, and probation.

As used in division 4729:4 of the Administrative Code:

(A) "Aftercare" is a counselor-facilitated group meeting which directly responds to problems relating to the ongoing treatment and monitoring of the licensee or registrant's sobriety and should extend for a minimum of twelve months.

(B) "Approved monitoring program" means a board approved and designated monitor pursuant to section 4729.18 of the Revised Code and rule 4729:4-1-06 of the Administrative Code.

(C) "Approved treatment provider" means a designated treatment program pursuant to section 4729.18 of the Revised Code and rule 4729:4-1-03 of the Administrative Code.

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

(E) "Designated person" for an approved treatment provider or approved monitoring program is an individual who shall be in full and actual charge of the treatment or monitoring program including, but not limited to, the following:

(1) Ensuring the provider has the necessary facilities and personnel to provide services;

(2) Maintaining records; and

(3) Notification of the board when required.

(F) "Hemp products" has the same meaning as defined in section 924.212 of the Revised Code.

(G) "Impaired licensee or registrant" means a licensee or registrant who, because of the person's mental illness, habitual or excessive use or abuse of drugs or alcohol, use of psychoactive substances, or use of other substances that impair the ability to practice, is rendered unable to practice pharmacy or conduct authorized activities within a pharmacy with requisite judgment, skill, competence, or safety to the public.

(H) "Individualized treatment plan" is a document which shall provide for inpatient treatment, outpatient treatment, family therapy, psychotherapy, professional support groups, twelve-step programs, aftercare including support and self-help groups, monitoring programs consisting of random~~, chain of evidence~~ drug screens, and work site review. Such services and other services may be determined by an approved treatment provider or an approved monitoring program.

(I) "Inpatient treatment" shall consist of placing the licensee or registrant in an approved treatment provider facility that will provide lodging and food, as well as care and treatment for detoxification and rehabilitation as indicated by the treatment contract.

(J) "Intervenor" means a person who is employed by or affiliated with an approved treatment provider or an approved monitoring program and participates in a process whereby a licensee or registrant alleged to be impaired is confronted to evaluate the presence of impairment and, if indicated, who refers the licensee or registrant for assessment and treatment of the impairment.

(K) "Outpatient treatment" shall consist of the licensee or registrant not residing in an inpatient treatment facility but who is participating in aftercare, twelve-step programs, professional support group (if available), and monitoring programs consisting of random~~, chain of evidence~~ drug screens and work site review, to establish compliance.

(L) "Professional support group" is a group of peers meeting to discuss the problems specific to recovery and re-entry to practice of the licensee or registrant.

(M) "Referral for assessment" means a process whereby an intervenor or designated person who has reason to believe that a licensee or registrant is impaired directs that individual to be examined for diagnosis and treatment.

(N) "Relapse" means any use of, or obtaining for the purpose of using, drugs, alcohol, psychoactive substances, or any use of other substances that impair the ability to practice; it also includes a positive drug screen or a return to a pattern of impairment activities which affects the licensee or registrant's ability to practice. Relapse also refers to a mental health or mental illness episode that impacts or impairs the ability to practice pharmacy or conduct

authorized activities within a pharmacy with the requisite judgment, skill or competence to ensure the safety of the public.

(O) "Substance abuse/chemical dependency" means a substance use disorder as defined by the "Diagnostic and Statistical Manual of Mental Disorders" (DSM-5) or any official supplement thereto (10/1/2018).

(P) "Treatment assessor" means any of the following:

(1) An individual who is licensed under Chapter 4731. of the Revised Code as a doctor of medicine or a doctor of osteopathic medicine and surgery and who is a certified addiction specialist; or

(2) An individual who is licensed by the Ohio chemical dependency professionals board as a licensed independent chemical dependency counselor, licensed chemical dependency counselor 3 or 2 pursuant to Chapter 4758. of the Administrative Code and, who by training and experience, can make an assessment of a licensee or registrant's impairment.

(3) An individual who holds a license or certification approved by the board or the board's probation committee and, who by training and experience, can make an assessment of a licensee or registrant's impairment.

(Q) "Treatment contract" means a document which outlines the individualized treatment plan, the requirement to cease practice, the requirement for compliance by the impaired licensee or registrant, and the requirement for notification of the board for non-compliance or relapse pursuant to section 4729.18 of the Revised Code.

(R) "Twelve-step program" means a self-help program such as alcoholics anonymous or narcotics anonymous or a related organization that addresses substance use disorders and promotes sobriety and recovery through peer group support, self-help, and anonymity, and which is based on an abstinence model of recovery. An impaired licensee or registrant shall be required to personally attend face-to-face twelve-step programs not less than three documented meetings each week, on separate days. Meetings that occur online, telephonically, or via other electronic means shall not be counted towards the minimum requirement.

4729:4-1-02 - Applicability.

(A) No person, except an approved treatment provider, shall purport to be or operate as a treatment facility for the purpose of administering care in the detoxification and rehabilitation of an impaired licensee or registrant.

(B) The rules in this division of the Administrative Code are applicable to all licensed pharmacists, pharmacy interns, and any other board licensees or registrants, including pharmacy technician trainees, registered pharmacy technicians, and certified pharmacy technicians.

(C) Should the board have reason to believe that a pharmacist, pharmacy intern or other licensee or registrant suffers from impairment because of conduct or behavior committed or displayed by the individual, the board may compel the individual to be examined by an approved treatment provider. If the licensee or registrant fails to submit to an assessment as ordered by the board, or if the assessment discloses impairment, or if there is an admission of impairment, or if the board has other reliable, substantial, and probative evidence demonstrating impairment, the board may:

(1) Refer the licensee or registrant for treatment;

(2) Initiate action against the licensee or registrant pursuant to Chapters 119., 3719. and 4729. of the Revised Code; or

(3) Summarily suspend the license or registration of an individual pursuant to rule 4729:4-1-07 of the Administrative Code if the licensee or registrant's continued practice poses a danger of immediate and serious harm to others.

(D) Before being eligible to apply for reinstatement of a license or registration suspended because of impairment, the licensee or registrant must demonstrate to the board that the licensee or registrant possesses the requisite judgment, skill, and competence to ensure public safety. Such demonstration shall include, but not be limited to, ~~to~~ the following:

(1) Certification from an approved treatment provider and/or approved monitoring program that the licensee or registrant:

(a) Has signed an approved treatment and/or approved monitoring contract and is participating in and complying with an individualized treatment plan or contract;

(b) Has successfully completed any required inpatient treatment;

(c) Is actively participating in or has successfully completed an outpatient treatment program;

(d) Has demonstrated the licensee or registrant has continued to be alcohol and ~~,~~ drug~~, and psychoactive drug~~ free~~, as well as free from mind-altering, mood-changing substances,~~ by random~~, chain of evidence~~ drug screens for a period of time as determined by the board at the time of the suspension;

(e) Has been evaluated by an approved treatment provider who has made a clear determination, documented in a written statement, that the licensee or registrant is eligible to return to practice.

(2) Certification that the licensee or registrant has met all requirements of the board order and satisfactory evidence has been submitted to the board, including~~,~~ but not limited, to the following:

(a) A copy of the signed and agreed to treatment and/or monitoring contract;

(b) Written reports and documentation from the approved treatment program and monitoring program;

(c) Written reports, on a form designated by the board, from the licensee or registrant describing recovery progress.

4729:4-1-03 - Requirements for approved treatment providers.

(A) An approved treatment provider, as defined in rule 4729:4-1-01 of the Administrative Code, shall meet or exceed the following requirements:

(1) Certification, as determined by the board, by the Ohio department of **behavioral health** ~~**mental health and addiction services**~~ pursuant to Chapter 5119. of the Revised Code.

(2) Any other treatment provider approved by the board, to include:

(a) An out-of-state provider, when treatment has already been initiated or completed; or

(b) Any provider not certified in accordance with paragraph (A)(1) of this rule.

(3) Any treatment provider must be approved prior to a licensee or registrant participating in the program, unless the board finds exceptional circumstances exist, in which case the board may approve the treatment provider during or after treatment.

(B) An intervenor associated with an approved treatment provider shall:

(1) Respond to information from concerned individuals;

(2) Ascertain validity of the information received;

(3) Assess the situation and, if the licensee or registrant is showing evidence of impairment, the intervenor shall refer the individual for evaluation;

(4) If the licensee or registrant fails to comply within one week to a referral for evaluation, the intervenor must report the name of the individual to the board within one business day.

(C) A treatment assessor associated with an approved treatment provider shall evaluate a licensee or registrant referred to the approved treatment provider to determine if the licensee or registrant has a substance use disorder related impairment.

(1) If such an impairment exists, the approved treatment provider shall formulate the licensee or registrant's individualized treatment plan as defined in rule 4729:4-1-01 of the Administrative Code. The specific requirements shall be determined by an assessment of psychological, physical, developmental, family, social, environmental, recreational, and

professional needs. The individualized treatment plan shall be part of a treatment contract which the impaired licensee or registrant must sign. If the impaired licensee or registrant fails to sign the treatment contract and enter treatment within forty-eight hours of the determination that the licensee or registrant needs treatment, the approved treatment provider must report the name of the licensee or registrant to the board within one business day.

(D) The designated person for the approved treatment provider shall:

(1) Establish a system of records that will provide for complete information about an impaired licensee or registrant from intervention through the rehabilitation stage;

(2) Establish treatment contracts meeting the requirements of this division and a system of follow up to determine compliance by the impaired licensee or registrant with the treatment contract;

(3) Ensure the confidentiality of the impaired licensee or registrant, except:

(a) If the licensee or registrant fails to comply within one week to a referral for evaluation;

(b) If the impaired licensee or registrant fails to sign the contract and enter treatment within forty-eight hours of the determination that the licensee or registrant needs treatment;

(c) If the impaired licensee or registrant does not suspend practice on entering treatment;

(d) If the impaired licensee or registrant does not comply with the terms of the treatment contract;

(e) If the impaired licensee or registrant resumes practice before the approved treatment provider or monitoring program has made a clear determination that the licensee or registrant is capable of practicing;

(f) If the impaired licensee or registrant suffers a relapse at any time.

(4) Notify the state board of pharmacy within one business day if the licensee or registrant violates any provision of this rule.

4729:4-1-04 - Monitoring contracts.

(A) Within one week of completing treatment, in the absence of extenuating circumstances, the licensee or registrant shall enter into a monitoring contract with an approved monitoring program regardless of whether the licensee or registrant is under a period of suspension or probation.

(B) The monitoring program contract shall include all of the following requirements, unless otherwise approved by the board or its probation committee:

(1) Group therapy, support groups, or, when appropriate, individual counseling, or a combination thereof.

(2) Periodic, random, unannounced donor-verified blood and/or urine screens at a frequency of at least monthly and sixteen times per year for the length of the contract, unless otherwise approved by the board or the board's probation committee and to provide additional random~~, observed~~ donor-verified ~~urine and/or blood samples~~ screens, which may include blood, urine, nail and/or hair, as may be requested by the intervenor or designated person.

(a) The urine sample must be given within twelve hours of notification or as determined by the monitoring program.

(b) The dilution standard will be creatinine clearance and/or specific gravity.

(c) Results of all drug screens must be negative and the refusal of a drug screen or a diluted drug screen is equivalent to a positive result. Any positive results, including those which may have resulted from ingestion of food but excluding false positives which resulted from ~~medication legitimately prescribed~~legitimate prescribed medication, indicates a violation of the contract and shall be reported to the board or the board's probation committee.

(d) In the event of a negative diluted screen, a hair sample test must be completed at the cost of the probationer in a time frame consistent with the drug laboratory's recommended policy, but in any event no later than twelve days after the negative diluted screen.

(3) Mandatory participation in alcoholics anonymous, narcotics anonymous, or a similar twelve-step program, or its equivalent, as set forth in rule 4729:4-1-01 of the Administrative Code.

(a) To obtain the signatures of either the secretary or chairperson of the meeting for attendance verification or, in the absence of both, a meeting representative.

(b) To be responsible for keeping a personal record of names and phone numbers of the persons signing attendance verification at meetings.

(c) To record meeting attendance dates in a chronological order and collect the attendance verification signatures at the meeting.

(d) To attend another meeting that same week in order to meet the quota of meetings for the week if attendance verification is not obtained.

(e) To obtain a sponsor and home group in a twelve-step program, or its equivalent, as ~~set forth~~defined in rule 4729:4-1-01 of the Administrative Code, that is not a representative of the monitoring program by a date specified by the approved monitor.

(4) Abstinence from use of alcohol and from use of drugs, except those prescribed, administered or personally furnished by a licensed prescriber who has knowledge of the patient's history and of the disease of addiction, or those administered by another person so authorized by law during a medical emergency.

(a) To notify the intervenor or designated person in advance and provide documentation of the need for any medication (to include a copy of the prescription or note from the prescriber) within forty-~~-~~eight hours of receipt of treatment, if any mood altering and/or potentially addictive medications are required or recommended by the prescriber.

(b) To renew verification with the intervenor or designated person every ninety days if the need for medication is ongoing.

(c) To update medication list with the intervenor or designated person any time a new prescription or over-the-counter medication is added.

(d) To abstain from dispensing own prescriptions.

(e) To avoid exposure to anything that may cause drug screen tests to be positive, including "hemp oil," "hemp products," "coca tea," and poppy seeds.

(f) To abstain from using ethyl alcohol in any form including, but not limited to, the following:

(i) Alcohol free wine or beer;

(ii) Over-the-counter drugs containing alcohol, cough syrups or their similar drugs or supplements;

(iii) Mouthwash or other hygiene products containing ethanol, including sanitizing hand or body gels;

(iv) Foods or beverages containing alcohol; and

(v) Any other form of ethyl alcohol.

(5) Acknowledgment of the relinquishment of the right to self-medicate other than use of single entity over-the-counter non-steroidal anti-inflammatories or acetaminophen.

(6) Regular contact with a licensed chemical dependency counselor, or with a physician qualified by training or experience, or both, to treat chemically dependent persons, who assumes responsibility for monitoring defined aspects of aftercare contract compliance, and who agrees to:

(a) Report any noncompliance to the approved monitoring program; and

(b) Report any relapse to the approved monitoring program and the board.

(7) A length of contract specified with a minimum of at least five years and at least fifty-two weekly aftercare sessions, with missed sessions to be made up.

(8) Professional therapy, where indicated, to resolve family and work-related issues.

(9) Treatment of any ongoing medical problems to be managed by a licensed prescriber. Treatment of any conditions requiring the use of a mind-altering, mood-changing substance shall require consultation with a physician qualified by training or experience, or both, to provide medical care to chemically dependent persons.

(a) Agreement to identify a single primary care physician and utilize that physician (or physician to whom referred) exclusively for all medical care for the duration of the contract.

(b) Agreement for identified physician to share with approved monitor information on any drugs prescribed or, if over-the-counter drugs, approved, and the information pertinent to recovery and/or compliance with the contract.

(c) Intervenor or designated person approved surgery packet prior to any non-emergency medical procedures.

(10) Referral to other forms of extended care, when indicated.

(11) Any required supervision or restrictions of practice during aftercare.

(12) Personal contact with the assigned intervenor once a week, leaving a message shall not meet the personal contact requirement.

(13) An agreement to attend the pharmacist peer assistance group meetings each month for the duration of the contract, unless otherwise excused by the designated person or the designated person's designee.

(14) A restriction on the hours able to be worked in a facility licensed by the board to no more than forty hours in one week and/or no more than eighty hours in a two-week timeframe.

4729:4-1-05 - Probation.

(A) Probation will be reviewed by members of the board's probation committee and board staff. When a licensee or registrant is placed on probation, the board shall require, at a minimum, the following probationary and limiting terms, unless otherwise determined by the board or its probation committee:

(1) Compliance with all federal, state, and local laws, and all rules governing practice in Ohio.

(2) Compliance with the employment requirements in rule 4729:5-3-10 of the Administrative Code.

(3) Submission of quarterly declarations on a form approved by the board or the board's probation committee stating, under penalty of perjury, whether there has been compliance with all conditions of probation and, if applicable, treatment.

(4) Periodic appearances before the board or its representatives as requested.

(5) A minimum five-year contract with an approved monitoring provider.

(6) Compliance with all terms of the approved monitoring contract, which shall include all terms set forth in rule 4729:4-1-04 of the Administrative Code.

(7) Prior approval of the board or the board's probation committee of departures or absences in excess of ten days from the state or for any intended travel out of the country. Periods of departure or absence shall not change the probationary term, unless otherwise determined by motion of the board or the board's probation committee. For absences of three months or longer, the board or its probation committee may toll the length of probation, other than in instances where the board or its probation committee can be assured that probationary monitoring is otherwise being performed.

~~(8) Inability to engage in a consult agreement.~~

(~~9~~8) As designated in the board's order, submission of ~~observed~~ donor-verified urine, blood, nail, or hair samples upon request of the approved monitoring program or board, and without prior notice, at the cost of the licensee or registrant.

(~~10~~9) Compliance with any employer provided drug or alcohol screens.

(~~11~~10) When deemed appropriate by the board or the board's probation committee, undertaking psychiatric evaluation, and, where appropriate, continuing treatment acceptable to the board, with evidence of compliance to be provided in each quarterly report.

(~~12~~11) Copies of the board order or settlement agreement to be provided by the individual to all of the following during the effective period of the board order or settlement agreement:

(a) All employers or prospective employers;

(b) All persons and entities that provide the individual chemical dependency treatment or monitoring; and

(c) By certified or electronic mail, the proper licensing authority of any state or jurisdiction in which the individual holds or applies for any professional license, excluding the state of Ohio board of pharmacy.

(~~13~~12) Continuing compliance with the terms of the monitoring contract entered into with the treatment provider and approved monitoring provider, provided~~,~~ that where terms of the monitoring contract conflict with the terms of the settlement agreement or board order, the terms of the settlement agreement or board order shall control.

(~~14~~13) Continuing authorization, through appropriate written consent forms, for disclosure by the treatment provider and/or approved monitor to the board, to treating and monitoring physicians, and to others involved in the monitoring process, of information necessary for those individuals to fulfill their respective duties and obligations.

(~~15~~14) Minimum probationary term of at least five years.

(~~16~~15) No requests by the probationer for modifications to probationary terms for at least three years, however, limited, isolated deviations from the probationary terms may be granted with the approval by the board or its probation committee in exceptional circumstances.

(~~17~~16) Self-reporting of any violation of one or more terms of probation.

(~~18~~17) A determination of not in good standing and an inability to serve as a preceptor, responsible person, or designated representative.

(~~19~~18) Maintain a current address with the board.

(B) Periods during which the probationer is not in compliance with all probationary terms shall toll the length of time of probation during which the probationer was out of compliance. The board shall issue a resolution setting forth the minimum length of time each violation will toll the probationary term. The resolution shall be updated as necessary and available on the board's web site, www.pharmacy.ohio.gov. The board may implement additional disciplinary action in addition to or instead of tolling probation.

(C) Violation of any term of probation may result in additional action before the board up to and including revocation of the registrant or licensee's pharmacy board issued license or registration.

(1) Upon review of the probation committee at the conclusion of the probationary term, the board may return the licensee or registrant to an active license without probationary status.

(2) At the conclusion of the probationary term if the licensee or registrant has violated any of the terms of probation or other terms of the board order, the probation committee will review for a determination of further action against the license or registration.

(D) In the event the probation is unrelated to impairment as defined in rule 4729:4-1-01 of the Administrative Code, the board may impose any other probationary conditions as it warrants applicable to the individual facts pertaining to discipline.

4729:4-1-07 - Summary suspension of a licensee or registrant.

(A) An impaired licensee or registrant may be summarily suspended without a prior hearing pursuant to section 3719.121 of the Revised Code if, in the opinion of the board, the impaired licensee or registrant poses a danger of immediate and serious harm to others by:

(1) Refusing to seek evaluation, treatment, and rehabilitation for a substance abuse/chemical dependency related impairment;

(2) Not signing and/or complying with the treatment and/or monitoring contract from an approved treatment provider or monitoring program;

(3) Resuming practice before the approved treatment provider or monitoring program has made an assessment and recommends that the licensee or registrant is capable of practicing;

(4) A relapse, as defined in rule 4729:4-1-01 of the Administrative Code, of substance abuse/chemical dependency at any time.

(B) An impaired licensee or registrant may be summarily suspended without a prior hearing pursuant to section 3719.121 of the Revised Code if ~~a~~ the licensee or registrant is guilty of a felony drug abuse offense as defined in section 2925.01 of the Revised Code.

4729:4-1-09 - Terms while under suspension.

(A) When a licensee or registrant is placed on an indefinite or other term of suspension, the board may require, at a minimum, the following terms in its suspension order, unless otherwise determined by the board or its probation committee:

(1) Compliance with all federal, state, and local laws, rules, and regulations.

(2) Submission of quarterly declarations on a form approved by the board or the board's probation committee stating, under penalty of perjury, whether there has been compliance with all conditions of suspension and, if applicable, treatment.

(3) Periodic appearances before the board, the board's probation committee, or its representatives as requested.

(4) A minimum five-year contract with an approved monitoring provider.

(5) Compliance with all terms of the approved monitoring contract, which shall include all terms set forth in rule 4729:4-1-04 of the Administrative Code.

(6) ~~Prior approval~~Notification of the board or the board's probation committee of departures or absences in excess of ten days from the state or for any intended travel out of the country. Periods of departure or absence shall not change the probationary term, unless otherwise determined by motion of the board or the board's probation committee. For absences of three months or longer, the board or its probation committee may toll the length of suspension, other than in instances where the board or its probation committee can be assured that monitoring is otherwise being performed.

(7) As designated in the board's order, submission of ~~observed~~ donor-verified urine, blood, nail, or hair samples upon request of the approved monitoring program or board, and without prior notice, at the cost of the licensee or registrant.

(8) Compliance with any employer provided drug or alcohol screens.

(9) When deemed appropriate by the board or the board's probation committee, undertaking psychiatric evaluation, and, where appropriate, continuing treatment acceptable to the board, with evidence of compliance to be provided in each quarterly report.

(10) Copies of the board order or settlement agreement must be provided by the individual to all of the following during the effective period of the board order or settlement agreement:

(a) All employers or prospective employers;

(b) All persons and entities that provide the individual chemical dependency treatment or monitoring;

(c) Law enforcement and court personnel if the suspended licensee or registrant has court involvement related to suspension such as drug court, intervention in lieu of treatment, or diversion program; and

(d) By certified or electronic mail, the proper licensing authority of any state or jurisdiction in which the individual holds or applies for any professional license, excluding the state of Ohio board of pharmacy.

(11) Continuing compliance with the terms of the monitoring contract entered into with the treatment provider and approved monitoring provider, provided, that where terms of the monitoring contract conflict with the terms of the settlement agreement or board order, the terms of the settlement agreement or board order shall control.

(12) Continuing authorization, through appropriate written consent forms, for disclosure by the treatment provider and/or approved monitor to the board, to treating and monitoring physicians, and to others involved in the monitoring process, of information necessary for those individuals to fulfill their respective duties and obligations.

(13) Self-reporting of any violation of one or more terms of suspension.

(14) Maintain a current address with the board.

(B) Periods during which the suspended licensee or registrant is not in compliance with all terms of suspension shall toll the length of time of suspension during which the suspended licensee or registrant was out of compliance. The board shall issue a resolution setting forth the minimum length of time each violation will toll the suspension term. The resolution shall be updated as necessary and available on the board's web site, www.pharmacy.ohio.gov. The

board may implement additional disciplinary action in addition to or instead of tolling suspension.

(C) Violation of any term of suspension may result in additional action before the board up to and including revocation of the registrant or licensee's pharmacy board issued license or registration.

(D) In the event the suspension is unrelated to impairment as defined in rule 4729:4-1-01 of the Administrative Code, the board may impose any other suspension conditions as it warrants applicable to the individual facts pertaining to discipline.

4729:5-2-04 - Procedure for discontinuing business as a terminal distributor of dangerous drugs and upon suspension or revocation of license.

(A) A terminal distributor of dangerous drugs who plans to discontinue business activities shall file a notice with the board of pharmacy. The notice shall be submitted, in a manner determined by the board, within thirty days of discontinuation of business as a terminal distributor of dangerous drugs. This notice shall include the following information:

(1) The name, address, and license number of the terminal distributor discontinuing business.

(2) The name, address, and license number of the terminal distributor or other authorized entity where the dangerous drugs will be transferred **or sold, if applicable**.

(3) The name and address of the secured location where the records of purchase and sale will be kept in accordance with this division of the Administrative Code.

(4) The proposed date of discontinuing business.

~~**(B) Unless the licensee is informed by the executive director before the proposed date of discontinuing business that the transfer of dangerous drugs and records may not occur, the licensee discontinuing business may transfer the dangerous drugs and patient records.**~~

(B) A licensee discontinuing business may do one or more of the following:

(1) Conduct a one-time transfer or sale of dangerous drug inventory and patient records to another licensed terminal distributor of dangerous drugs or an entity exempted under section 4729.541 of the Revised Code.

The terminal distributor of dangerous drugs discontinuing business shall provide an invoice or transfer record to the purchaser or recipient that contains the name, strength, dosage form, and quantity of the dangerous drugs transferred or sold; the name and address of the terminal distributor of dangerous drugs that is discontinuing business; the name and address of the location where the drugs were transferred or sold; and the date of transfer or sale. All transfers or sales shall be conducted on or

before the proposed date of discontinuing business submitted in accordance with paragraph (A) of this rule.

(2) Disposal of its stock of dangerous drugs in accordance with the requirements of Chapter 4729:5-3 of the Administrative Code.

The terminal distributor that is discontinuing business shall create a record of such disposal in accordance with the applicable record keeping provisions of Chapter 4729:5-5 of the Administrative Code. Disposal of inventory shall be conducted on or before the proposed date of discontinuing business submitted in accordance with paragraph (A) of this rule.

(a) All patient-specific drug stock maintained by the terminal distributor of dangerous drugs in accordance with rule 4729:5-3-24 of the Administrative Code shall be provided to the patient on or before the proposed date of discontinuing business submitted in accordance with paragraph (A) of this rule.

(b) Any patient-specific drug stock that cannot be provided to the patient shall be disposed of on or before the proposed date of discontinuing business submitted in accordance with paragraph (A) of this rule.

(3) Pursuant to paragraph (F) of this rule, a person or entity that is exempted from licensure in accordance with section 4729.541 of the Revised Code may maintain dangerous drugs on-site that do not require licensure as a terminal distributor of dangerous drugs to possess.

(C) On the date of discontinuing business **and prior to any disposal conducted in accordance with paragraph (B) of this rule**, a complete inventory of all controlled substances being transferred, or disposed of, in accordance with rule 4729:5-3-01 of the Administrative Code, shall be ~~**made**~~ **conducted**. The inventory shall list the name, strength, dosage form, and quantity of all controlled substances transferred**, sold,** or disposed.

This inventory shall serve as the final inventory of the licensee discontinuing business and the initial inventory of the licensee to whom the controlled substances are being transferred **or**

sold. A copy of the inventory shall be included in the records of each licensee involved in the transfer.

(D) A terminal distributor of dangerous drugs licensed as a pharmacy that is permanently closing shall:

(1) Provide notification, using the information on file with the pharmacy, to each patient who has filled a prescription within the previous six months. This notification must be made a minimum of fifteen calendar days prior to closing and must include:

(a) The last day the pharmacy will be open;

(b) Name, address, and telephone number of the pharmacy that will take possession of the pharmacy records or the person who will serve as the custodian of records;

(c) Instructions on how patients can arrange for transfer of their pharmacy records to a pharmacy of their choice; and

(d) The last day a transfer may be initiated.

(2) The notification shall be made via:

(a) Direct mail, e-mail, or text message; and

(b) Posting a closing notice on each pharmacy entrance, on each telephone greeting, and pharmacy-operated internet (e.g., website, social media, mobile applications).

(3) Provide any new patients filling prescriptions during the fifteen-calendar day period prior to the pharmacy closing with written notification that includes:

(a) The last day the pharmacy will be open;

(b) Name, address, and telephone number of the pharmacy to which pharmacy records will be transferred or the person who will serve as the custodian of pharmacy records;

(c) Instructions on how patients can arrange for transfer of their pharmacy records to a pharmacy of their choice; and

(d) The last day a transfer may be initiated.

(E) Except as provided in paragraph (F) of this rule, a terminal distributor of dangerous drugs that has had its license suspended or revoked shall dispose of and/or transfer all dangerous drugs within five days of receiving notice from the board of such a suspension or revocation.

(1) Disposal of drug stock. A terminal distributor of dangerous drugs that has had its license suspended or revoked shall dispose of all drug stock maintained by the terminal distributor.

(a) Non-controlled dangerous drugs shall be disposed of in accordance with rule 4729:5-3-06 of the Administrative Code. To demonstrate compliance with the requirements of Chapter 4729. of the Revised Code, the suspended or revoked licensee shall maintain a record for all non-controlled drugs disposed. The records 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 licensed health care professional that performed the disposal.

(b) Controlled substances shall be disposed in accordance with rule 4729:5-3-01 of the Administrative Code. To demonstrate compliance with the requirements of Chapter 4729. of the Revised Code, the suspended or revoked licensee shall maintain records for all controlled substance drugs disposed in accordance with rule 4729:5-3-01 of the Administrative Code.

(c) All disposal records shall be maintained for three years from the date of disposal for immediate inspection by an agent, officer, or inspector of the board to demonstrate compliance with section 4729.51 of the Revised Code.

(2) One-time transfer or sale of drug stock. Except as provided in paragraph (E)(3) of this rule, a terminal distributor of dangerous drugs that has had its license suspended or revoked may conduct a one-time transfer or sale of dangerous drugs to another terminal distributor of dangerous drugs or an entity exempted under section 4729.541 of the Revised Code. Any dangerous drugs that are not transferred or sold shall be disposed of in accordance with paragraph (E)(1) of this rule.

The terminal distributor of dangerous drugs that has had its license suspended or revoked shall provide the following records to the purchaser or recipient:

(a) An invoice or transfer record that contains the name, strength, dosage form, and quantity of the dangerous drugs transferred or sold; the name and address of the terminal distributor of dangerous drugs that is suspended or revoked; the name and address of the location where the drugs were transferred or sold; and the date of transfer or sale; and

(b) A complete inventory of all controlled substances being transferred or sold in accordance with rule 4729:5-3-01 of the Administrative Code. The inventory shall list the name, strength, dosage form, and quantity of all controlled substances transferred, sold, or disposed.

(3) A terminal distributor of dangerous drugs listed in paragraph (E)(2) that receives a one-time transfer or sale of drug stock in accordance with this rule may conduct a one-time transfer or sale of dangerous drugs back to the original owner of the drugs if all the following conditions are satisfied:

(a) The original owner's terminal distributor of dangerous drugs license has been reinstated by the board and there are no limitations or restrictions on the license.

(b) The one-time transfer or sale back to the original owner is conducted within five days of reinstatement of the terminal distributor of dangerous drugs license.

(c) The drug stock received from the original owner has been stored separately from the stock of drugs maintained by the terminal distributor of dangerous drugs conducting the transfer or sale to avoid any comingling of inventory.

(d) The terminal distributor of dangerous drugs conducting the transfer or sale maintains a record of the transfer or sale for a period or three years in a readily retrievable format. The record shall include the name, strength, dosage form, and quantity of the dangerous drug transferred or sold; the address of the location where the drugs were transferred or sold; and the date of transfer or sale.

(e) The terminal distributor of dangerous drugs receiving the drugs maintains a record of the transfer or sale for a period of three years in a readily retrievable format. The record shall include 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.

(F) A terminal distributor of dangerous drugs that meets the exemptions specified in division (A)(1) to (A)(3) of section 4729.541 may maintain dangerous drugs on-site that do not require licensure as a terminal distributor of dangerous drugs. This shall not include any of the following:

(1) A schedule I, II, III, IV, or V controlled substance, as defined in section 3719.01 of the Revised Code; and

(2) Except for dangerous drugs that meet the exemptions listed in paragraph (A) of rule 4729:7-3-02 of the Administrative Code, dangerous drugs that are compounded or used for the purpose of compounding including bulk drug substances and active pharmaceutical ingredients used in compounding.

4729:8-4-03 - Access to opioid treatment program data provided by the Ohio department of behavioral health.

(A) Pursuant to section 4729.80 of the Revised Code, the following persons shall be permitted to access opioid treatment program data provided by the Ohio department of behavioral health~~mental health and addiction services~~ 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.