



Common Sense Initiative

Mike DeWine, *Governor*
Jim Tressel, *Lt. Governor*

Joseph Baker, *Director*

Business Impact Analysis

Agency, Board, or Commission Name: Ohio Board of Pharmacy

Rule Contact Name and Contact Information: Summer Reyburn,
summer.reyburn@pharmacy.ohio.gov

Regulation/Package Title (a general description of the rules' substantive content):

FYR Pain Management Clinics

Rule Number(s): 4729:5-11-01, 4729:5-11-02, 4729:5-11-03, 4729:5-11-04

Date of Submission for CSI Review: 4/29/2025

Public Comment Period End Date: 5/30/2025

Rule Type/Number of Rules:

New/ rules

No Change/ rules (FYR?)

Amended/ 4 rules (FYR? Y)

Rescinded/ rules (FYR?)

The Common Sense Initiative is established in R.C. 107.61 to eliminate excessive and duplicative rules and regulations that stand in the way of job creation. Under the Common Sense Initiative, agencies must balance the critical objectives of regulations that have an adverse impact on business with the costs of compliance by the regulated parties. Agencies should promote transparency, responsiveness, predictability, and flexibility while developing regulations that are fair and easy to follow. Agencies should prioritize compliance over punishment, and to that end, should utilize plain language in the development of regulations.

77 SOUTH HIGH STREET | 30TH FLOOR | COLUMBUS, OHIO 43215-6117

CSIPublicComments@governor.ohio.gov

Reason for Submission

1. R.C. 106.03 and 106.031 require agencies, when reviewing a rule, to determine whether the rule has an adverse impact on businesses as defined by R.C. 107.52. If the agency determines that it does, it must complete a business impact analysis and submit the rule for CSI review.

Which adverse impact(s) to businesses has the agency determined the rule(s) create?

The rule(s):

- a. Requires a license, permit, or any other prior authorization to engage in or operate a line of business.
- b. Imposes a criminal penalty, a civil penalty, or another sanction, or creates a cause of action for failure to comply with its terms.
- c. Requires specific expenditures or the report of information as a condition of compliance.
- d. Is likely to directly reduce the revenue or increase the expenses of the lines of business to which it will apply or applies.

Regulatory Intent

2. Please briefly describe the draft regulation in plain language.

Please include the key provisions of the regulation as well as any proposed amendments.

- 4729:5-11-01 - Definition section for pain management clinics rule chapter. Makes grammatical changes and rewords part of the “positive identification” definition.
- 4729:5-11-02 - As required by law, requires physicians, physician owners, officers, and all employees of a pain management clinic to submit to a criminal record check with both the BCI and the FBI before issuance of a license. Updates reference from BCI&I to BCI.
- 4729:5-11-03 - Provides the requirements of the responsible person on the license which includes establishing standards for security, control, and storage of dangerous drugs. Makes small grammatical changes and changes references from registered nurses to nurses.
- 4729:5-11-04 - Provides the requirements for record keeping for a pain management clinic. Makes grammatical changes and removes expiration date from the requirements for a record of transfer or sale.

3. Please list the Ohio statute(s) that authorize the agency, board or commission to adopt the rule(s) and the statute(s) that amplify that authority.

The proposed rules are authorized by sections 4729.26, 4729.552, and 3719.28 of the Ohio Revised Code.

4. **Does the regulation implement a federal requirement? Is the proposed regulation being adopted or amended to enable the state to obtain or maintain approval to administer and enforce a federal law or to participate in a federal program?**

If yes, please briefly explain the source and substance of the federal requirement.

These rules do not implement a federal requirement.

5. **If the regulation implements a federal requirement, but includes provisions not specifically required by the federal government, please explain the rationale for exceeding the federal requirement.**

This rule package exceeds federal requirements because the regulation of dangerous drugs has traditionally been done at the state level by legislatively created state boards of pharmacy, such as the Ohio Board of Pharmacy. Section 4729.552 of the Ohio Revised Code requires the Board of Pharmacy to adopt rules on the licensure and regulation of pain management clinics.

6. **What is the public purpose for this regulation (i.e., why does the Agency feel that there needs to be any regulation in this area at all)?**

Section 4729.26 of the Ohio Revised Code authorizes the Board of Pharmacy to adopt rules governing the distribution of dangerous drugs.

Section 4729.552 of the Ohio Revised Code requires the Board of Pharmacy to adopt rules on the licensure and regulation of pain management clinics.

Section 3719.28 of the Ohio Revised Code authorizes the Board of Pharmacy to adopt rules for the administration and enforcement of Chapter 3719. of the Revised Code in order to prescribe the manner of keeping and the form and content of records to be kept by persons authorized to manufacture, distribute, dispense, prescribe, or administer controlled substances.

Without these regulations, the Board of Pharmacy would not be able to ensure the licensure and safe operation of pain management clinics.

7. **How will the Agency measure the success of this regulation in terms of outputs and/or outcomes?**

The success of the regulations will be measured by having rules written in plain language, licensee compliance with the rules, and minimal questions from licensees regarding the provisions of the rules.

8. **Are any of the proposed rules contained in this rule package being submitted pursuant to R.C. 101.352, 101.353, 106.032, 121.93, or 121.931?**

If yes, please specify the rule number(s), the specific R.C. section requiring this submission, and a detailed explanation.

No.

Development of the Regulation

- 9. Please list the stakeholders included by the Agency in the development or initial review of the draft regulation.**

If applicable, please include the date and medium by which the stakeholders were initially contacted.

This rule package was distributed for initial public comment by posting the rule package to the Board's proposed rules website.

- 10. What input was provided by the stakeholders, and how did that input affect the draft regulation being proposed by the Agency?**

The Board did not receive any comments during the initial comment period. Therefore, no changes were made to the draft regulations.

- 11. What scientific data was used to develop the rule or the measurable outcomes of the rule? How does this data support the regulation being proposed?**

Scientific data was not used to develop or review this rule package.

- 12. What alternative regulations (or specific provisions within the regulation) did the Agency consider, and why did it determine that these alternatives were not appropriate? If none, why didn't the Agency consider regulatory alternatives? *Alternative regulations may include performance-based regulations, which define the required outcome, but do not dictate the process the regulated stakeholders must use to comply.***

As the regulations are essential to protecting the public's safety by ensuring uniform standards for the operation of pain management clinics and the distribution of dangerous drugs, the Ohio Board of Pharmacy did not consider any regulatory alternatives.

- 13. What measures did the Agency take to ensure that this regulation does not duplicate an existing Ohio regulation?**

The Board of Pharmacy's Director of Policy and Communications reviewed the proposed rules to ensure that the regulations do not duplicate another Ohio Board of Pharmacy regulation.

14. Please describe the Agency’s plan for implementation of the regulation, including any measures to ensure that the regulation is applied consistently and predictably for the regulated community.

The rules will be posted on the Board of Pharmacy’s web site; information concerning the rules will be included in materials e-mailed to licensees; and notices will be sent to associations, individuals and groups. Board of Pharmacy staff are also available via phone or email to answer questions regarding implementation of the rules.

In addition, the Board’s compliance agents are trained to educate licensees on current and/or new regulations during on-site inspections. Board of Pharmacy staff receive regular updates on rules via a monthly internal newsletter, biannual staff meetings featuring a regulatory update, mandatory all-day law reviews for new employees, email updates and quarterly webinars from the Director of Policy, and feedback from the Board’s legal department for every citation submitted.

Additionally, the Board has developed [inspection guides](#) that licensees can use to conduct self-inspections. These guides align with internal guidance used by Board inspectors and allow licensees to conduct self-inspections to maintain compliance. The guides also include links to the rules, important definitions, and reminders of when a licensee is required to submit notification or additional information to the Board.

Adverse Impact to Business

15. Provide a summary of the estimated cost of compliance with the rule(s). Specifically, please do the following:

a. Identify the scope of the impacted business community, and

- Pain management clinics licensed as terminal distributors of dangerous drugs

b. Quantify and identify the nature of all adverse impact (e.g., fees, fines, employer time for compliance, etc.).

The adverse impact can be quantified in terms of dollars, hours to comply, or other factors; and may be estimated for the entire regulated population or for a representative business. Please include the source for your information/estimated impact.

In general, violation of these rules may result in administrative licensure discipline for a terminal distributor of dangerous drugs. Discipline might include reprimand, suspension of a license, monetary fine, and/or revocation of a license.

Requires physicians, physician owners, officers, and all employees of a pain management clinic to submit to a criminal record check with both the BCI&I and the FBI before issuance of a license. The cost of a background check per person is: BCI&I - \$22, FBI - \$24, and some agencies may charge a processing fee (e.g. \$5-\$40).

- 16. Are there any proposed changes to the rules that will reduce a regulatory burden imposed on the business community? Please identify. (*Reductions in regulatory burden may include streamlining reporting processes, simplifying rules to improve readability, eliminating requirements, reducing compliance time or fees, or other related factors*).**

Yes. The Board eliminated the need to include the expiration date on transfer records.

- 17. Why did the Agency determine that the regulatory intent justifies the adverse impact to the regulated business community?**

The Board believes that the regulatory intent justifies the impact on business because the regulations are intended to protect and promote public safety. The rules ensure uniform regulations protect the health and safety of patients receiving pain management treatment.

Regulatory Flexibility

- 18. Does the regulation provide any exemptions or alternative means of compliance for small businesses? Please explain.**

This rule package does not provide any exemptions or alternative means of compliance for small businesses. The law does not differentiate on the size of the business and therefore the regulations are uniform across Ohio.

- 19. How will the agency apply Ohio Revised Code section 119.14 (waiver of fines and penalties for paperwork violations and first-time offenders) into implementation of the regulation?**

The Ohio Board of Pharmacy does not fine licensees or impose penalties for first-time paperwork violations. However, any failure of a standard of care in the operation of a pain management clinic is not considered a paperwork error but a quality assurance issue by the licensee that is necessary for the protection of the public.

20. What resources are available to assist small businesses with compliance of the regulation?

Board of Pharmacy staff is available by telephone and e-mail to answer questions. Board staff members also provide presentations to groups and associations who seek updates on current regulations and host regional meetings to discuss changes to Ohio laws and rules. Additionally, staff are trained to educate licensees on compliance with all Board of Pharmacy rules.

The Board has also developed [inspection guides](#) that licensees can use to conduct self-inspections. These guides align with internal guidance used by Board inspectors and allow licensees to conduct self-inspections to maintain compliance. The guides also include links to the rules, important definitions, and reminders of when a licensee is required to submit notification or additional information to the Board.

Rule 4729:5-11-01 | Pain Management Clinics - Definitions. (AMEND)

As used in Chapter 4729:5-11 of the Administrative Code:

(A) "Pain management clinic" means a facility licensed as a terminal distributor of dangerous drugs in accordance with section [4729.552](#) of the Revised Code. The facility shall comply with all requirements set forth in this chapter.

(B) "Controlled substance" has the same meaning as in section [3719.01](#) of the Revised Code.

(C) "Dangerous drug" has the same meaning as in section [4729.01](#) of the Revised Code.

(D) "Licensed health professional authorized to prescribe drugs" or "prescriber" has the same meaning as in rule [4729:5-1-02](#) of the Administrative Code but shall be limited to a prescriber practicing within the prescriber's applicable scope of practice.

(E) "Personal supervision" means the person specified in rule shall be physically present at the licensed location to deter and detect the diversion of dangerous drugs.

(F) "Personally furnish" or "personally furnishing" means the final association of a drug with a patient by a prescriber prior to the distribution to a patient for use outside the prescriber's practice setting. A prescriber at a pain management clinic who personally furnishes a dangerous drug shall comply with the requirements of rule [4729:5-19-02](#) of the Administrative Code.

(G)

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

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

(b) A magnetic card reader;

(c) A bar code reader;

- (d) A biometric method;
- (e) A proximity badge reader;
- (f) A board approved system of randomly generated personal questions;
- (g) A printout of every transaction that is verified and manually signed within a reasonable period of time by the individual who performed the action requiring positive identification. The printout must be maintained for three years and made readily retrievable; or
- (h) Other effective methods for identifying individuals that have been approved by the board.

(2) A method relying on a magnetic card reader, a bar code reader, a proximity badge reader, or randomly generated questions for identification must also include a private personal identifier.

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

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

(I) "Responsible person" has the same meaning as defined in rule 4729:5-2-01 of the Administrative Code and is responsible for the supervision and control of dangerous drugs as required in division (B) of section 4729.55 of the Revised Code, adequate safeguards as required in division (C) of section 4729.55 of the Revised Code, security and control of dangerous drugs, and maintaining all drug records otherwise required.

Rule 4729:5-11-02 | Criminal records checks for pain management clinics. (AMEND)

(A) As used in this rule, "physician" means a person authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(B) All criminal records checks conducted in accordance with this rule shall consist of both an Ohio bureau of criminal identification **and investigation** (BCI&I) records check and a federal bureau of investigations (FBI) records check.

(C) Pursuant to section 4729.552 of the Revised Code, a terminal distributor of dangerous drug license with a pain management clinic classification will not be issued until the physician owner(s) or, if incorporated, the physician officers of the pain management clinic submit fingerprints to BCI&I for a criminal records check, **which shall also include an FBI records check.** The results of the criminal records check must be sent directly to the state board of pharmacy from BCI&I. To be considered valid, the criminal records check must have been performed within the past twelve months.

(D) If there is a change in any of the persons listed in paragraph (C) of this rule, only the new persons shall submit to a criminal records check as part of the change of ownership requirements pursuant to rule 4729:5-2-03 of the Administrative Code.

(E) Physician owner(s) or physician officers are required to have all employees submit to a BCI&I and FBI criminal records check to ensure that no person has been previously convicted of, or pleaded guilty to, a theft offense that would constitute a felony as described in division (K)(3) of section 2913.01 of the Revised Code or a felony drug abuse offense as defined in section 2925.01 of the Revised Code.

(1) BCI&I shall send the results of the BCI&I criminal records check directly to the employer or potential employer. BCI&I shall provide a letter regarding the FBI criminal records check to the employer or potential employer stating that there is either no record of any conviction or a letter stating that the request may not meet the criteria.

(2) When an employer or potential employer receives a letter stating that the request may not meet the criteria, they may share this information with the employee or potential employee.

(3) In order to complete the criminal records check, the employee or potential employee must then complete a "Request for Release-FBI Rapsheet" and send it to BCI&I to request a copy of the FBI criminal records check results be sent directly to the employee or potential employee. The employee or potential employee must provide the results to the employer or potential employer in the original sealed envelope received from BCI&I.

(4) The criminal records check shall be based on electronic fingerprint impressions that are submitted directly to BCI&I from a WebCheck provider agency located in Ohio. The employer may accept the results of a criminal records check based on ink impressions from a WebCheck provider agency only in the event that readable electronic fingerprint impressions cannot be obtained.

Rule 4729:5-11-03 | Security, control, and storage of dangerous drugs. (AMEND)

(A) The security and control of dangerous drugs is the responsibility of the responsible person on the terminal distributor of dangerous drugs license and the terminal distributor of dangerous drugs.

(B) Except as provided in paragraphs (F) and (G) of this rule, controlled substance dangerous drugs shall be stored in a securely locked, substantially constructed cabinet or safe to deter and detect unauthorized access.

(1) The cabinet or safe shall be placed in an area that is not readily accessible to the public.

(2) The cabinet or safe shall remain locked and secured when not in use.

(3) In the case of a combination lock or access code, the combination or access code shall be changed upon termination of employment of an employee having knowledge of the combination or access code.

(4) In the case of a key lock, all keys shall be maintained in a secure place that is inaccessible to anyone other than a prescriber or pharmacist if not being used by a prescriber, pharmacist or a licensed health care professional in accordance with paragraph (B)(6)(a), (B)(6)(b), or (B)(6)(c) of this rule. All locks shall be kept in good working order with keys removed therefrom.

(5) During non-business hours, the cabinet or safe shall be maintained in an area secured by a physical barrier with suitable locks, which may include a locked room or secure facility.

(6) Except as provided in paragraph (B)(6)(a), (B)(6)(b), or (B)(6)(c) of this rule, only a prescriber or pharmacist shall be able to access the cabinet or safe.

(a) A prescriber or pharmacist may provide a licensed health care professional with a temporary key for the purposes of accessing the cabinet or safe. A licensed health care professional shall return the key provided in accordance with this paragraph to the prescriber or pharmacist or to a secured location with restricted access (such as a lockbox) no later than the end of the provider's shift or if there is no longer a prescriber or pharmacist available to provide personal supervision.

(b) A prescriber or pharmacist may provide a licensed health care professional with a key, combination, or access code for the purposes of accessing the cabinet or safe, if all the following conditions apply:

(i) The cabinet or safe is maintained in a room secured by a physical barrier with suitable locks that can only be unlocked by a prescriber or pharmacist; and

(ii) The room is locked during non-business hours or when there is no longer a prescriber or pharmacist available to provide personal supervision.

(c) Any other method approved by the board's executive director or the director's designee that provides effective controls and procedures to guard against theft and diversion.

(C) Except as provided in paragraph (G) of this rule, a licensed health care professional, acting within the scope of the professional's practice, may have access to controlled substances only under the personal supervision of a prescriber or pharmacist.

(D) Only a prescriber shall have access to uncompleted prescription blanks used for writing a prescription. Uncompleted prescription blanks shall be secured when not in use.

(E) Personnel authorized by the responsible person may have access to D.E.A. controlled substance order forms only under the personal supervision of a prescriber or a person delegated power of attorney in accordance with 21 CFR 1305.05 (9/30/2019). D.E.A. controlled substance order forms shall be secured when not in use.

(F) Thiafentanil, carfentanil, etorphine hydrochloride, and diprenorphine shall be stored in a separate safe or steel cabinet equivalent to a U.S. government class V security container from all other controlled substances.

(1) There is no minimum size or weight requirement but if the cabinet or safe weighs less than seven hundred fifty pounds, it must be secured to the floor or wall in such a way that it cannot be readily removed.

(2) The cabinet or safe shall be placed in an area that is not readily accessible to the public.

During non-business hours, the cabinet or safe shall be stored in an area secured by a physical barrier with suitable locks, which may include a locked room or secured facility.

(3) The cabinet or safe shall remain locked and secured when not in use.

(4) In the case of a combination lock or access code, the combination or access code shall be changed upon termination of employment of an employee having knowledge of the combination or access codes.

(5) In the case of a key lock, all keys shall be maintained in a secure place that is inaccessible to anyone other than a prescriber or pharmacist if not being used by a prescriber or pharmacist. All locks shall be kept in good working order with keys removed therefrom.

(6) During non-business hours, the cabinet or safe shall be maintained in an area secured by a physical barrier with suitable locks, which may include a locked room or secure facility.

(7) Only a prescriber or pharmacist shall be able to access the safe or cabinet.

(G) A **registered** nurse licensed under Chapter 4723. of the Revised Code may have unsupervised access to controlled substances only under the following conditions:

(1) The drugs have been personally furnished by a prescriber or dispensed by a pharmacy for direct administration to a patient.

(2) The drugs must be stored in a securely locked, substantially constructed cabinet or safe with access that is limited to prescribers, pharmacists, and **registered** nurses. The cabinet or safe must be separate from those required in paragraphs (B) and (F) of this rule.

(a) The cabinet or safe shall be placed in an area that is not readily accessible to the public.

(b) The cabinet or safe shall remain locked and secured when not in use.

(c) In the case of a combination lock or access code, the combination or access code shall be changed upon termination of employment of an employee having knowledge of the combination or access code.

(d) In the case of a key lock, all keys shall be maintained in a secure place that is inaccessible to anyone other than a prescriber, pharmacist or **registered** nurse.

(e) During non-business hours, the cabinet or safe shall be maintained in an area secured by a physical barrier with suitable locks, which may include a locked room or secure facility.

(3) A record of drug administration shall be maintained in accordance with paragraph (E) of rule [4729:5-11-04](#) of the Administrative Code and shall also include the date and time the drugs are accessed from the cabinet or safe.

(4) The responsible person shall report the theft or significant loss of drugs maintained pursuant to this paragraph in accordance with rule [4729:5-3-02](#) of the Administrative Code.

(H) During non-business hours, hypodermics shall be stored in an area secured by a physical barrier with suitable locks, which may include a substantially constructed cabinet, locked room, or secured facility. During normal business hours, hypodermics shall not be stored in areas where members of the public are not supervised by individuals authorized to administer injections.

(I) During non-business hours, non-controlled dangerous drugs shall be stored in an area secured by a physical barrier with suitable locks, which may include a substantially constructed cabinet, locked room, or secured facility. During normal business hours, noncontrolled dangerous drugs shall not be stored in areas where members of the public are not supervised by individuals authorized to administer such drugs.

(J) All records relating to the receipt, administration, distribution, personal furnishing, and sale of dangerous drugs shall be maintained under appropriate supervision and control to restrict unauthorized access.

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

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

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

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

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

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

(L) Upon the initial puncture of a multiple-dose vial containing a drug, the vial shall be labeled with a beyond-use date or date opened. The beyond-use date for an opened or entered (e.g., needle punctured) multiple-dose container with antimicrobial preservatives is twenty-eight days, unless otherwise specified by the manufacturer. A multiple-dose vial that exceeds its beyond-use date shall be deemed adulterated.

(M) Adulterated drugs, including expired drugs, shall be stored in accordance with rule [4729:5-3-06](#) of the Administrative Code.

(N) Disposal of controlled substances shall be conducted in accordance with rule [4729:5-3-01](#) of the Administrative Code.

(O) Disposal of non-controlled dangerous drugs shall be conducted in accordance with rule [4729:5-3-06](#) of the Administrative Code.

Rule 4729:5-11-04 | Record keeping. (AMEND)

(A) A pain management clinic shall keep a record of all dangerous drugs received, administered, personally furnished, disposed, sold, or transferred.

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

(C) Records of temperature control monitoring described in paragraph (K)(1) of rule 4729:5-11-03 of the Administrative Code shall include any of the following:

(1) For temperature logs, either:

(a) The date and time of observation, the full name or the initials of the individual performing the check, and the temperature recorded; or

(b) For systems that provide automated temperature monitoring, maintain a report that provides, at a minimum, the date and time of observation and the temperature recorded.

(2) For temperature monitoring systems capable of detecting and alerting staff of a temperature excursion, maintain reports that provide information on any temperature excursion that includes the date, time, temperature recorded, and length of each excursion.

(D) Records of personally furnishing shall contain the name, strength, dosage form, and quantity of the dangerous drugs personally furnished; the name, address, and date of birth of the person to whom or for whose use the dangerous drugs were personally furnished; the positive identification of the prescriber personally furnishing the drug; the date the drug is personally furnished; and, if applicable, the date the drug is received by the patient or patient's caregiver.

(E)

(1) Records of administration shall contain the name, strength, dosage form, and quantity of

the dangerous drugs administered; the name and date of birth of the person to whom or for whose use the dangerous drugs were administered; the date of administration; and either:

(a) For non-controlled substance dangerous drugs: the identification of the health care professional administering the drug.

(b) For controlled substance dangerous drugs: the positive identification of the health care professional administering the drug.

(2) Records of dangerous drugs administered which become a permanent part of the patient's medical record shall be deemed to meet the requirements of this paragraph.

(3) Records of dangerous drugs administered by a health care professional, acting within the professional's scope of practice, who is not a prescriber shall include documentation of an order issued by a prescriber or protocol authorizing the administration of the drug. An order that is a permanent part of the patient's medical record shall be deemed to meet the requirements of this paragraph. Orders for the administration of controlled substances shall be documented using positive identification.

(4) Paragraph (E)(3) of this rule does not apply to the administration of dangerous drugs pursuant to paragraph (G) of rule 4729:5-11-03 of the Administrative Code or non-controlled dangerous drugs for direct administration to a patient that have been dispensed by a pharmacy or personally furnished by a prescriber.

(F) Records of disposal of dangerous drugs from inventory, other than controlled substances, shall contain the name, strength, dosage form, and quantity of the dangerous drug disposed; the date of disposal; the method of disposal; and the identification of the licensed health care professional that performed the disposal.

(G) Records of controlled substance drug disposal shall comply with the requirements of rule 4729:5-3-01 of the Administrative Code.

(1) If the disposal of controlled substance drug inventory is performed on-site, records shall also include the positive identification of two licensed healthcare professionals conducting and witnessing the disposal, one of whom shall be the responsible person or the responsible person's designee.

(2) If conducting the disposal of an unused portion of a controlled substance resulting from administration to a patient, records shall also include the positive identification of two licensed healthcare professionals conducting and witnessing the disposal.

(H) Records of transfer or sale conducted in accordance with rule [4729:5-3-09](#) of the Administrative Code shall contain the name, strength, dosage form, national drug code, **expiration date** 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.

(I) Controlled substance inventory records shall be maintained in accordance with rule [4729:5-3-07](#) of the Administrative Code.

(J) All records maintained in accordance with this rule shall be readily retrievable and shall be kept on-site for a period of three years.

(1) A terminal distributor intending to maintain records at a location other than the location licensed by the state board of pharmacy must notify the board in a manner determined by the board.

(2) Any such alternate location shall be secured and accessible only to authorized representatives or contractors of the terminal distributor of dangerous drugs.

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

(1) Complies with the requirements of this rule;

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

(3) Contains security features, such as unique user names and passwords, to prevent unauthorized access; and

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