



Mandatory Electronic Prescribing of Schedule II Controlled Substances

Updated 8/12/2022

Effective September 23, 2022, Ohio [House Bill 193](#) will go into effect. This law establishes the requirement that a prescriber issue an electronic prescription when prescribing a Schedule II controlled substance, but also allows for issuance of a written prescription in specified circumstances.

To assist licensees in complying with the provisions of this law, the Board developed the following frequently asked questions.

Please be advised that the Board of Pharmacy is unable to provide legal advice regarding specific scenarios, including the applicability of exceptions. Licensees are encouraged to contact their legal counsel for any additional questions on the implementation of this law.

Prescribers with additional questions should contact their respective licensing Boards.

Frequently Asked Questions

Q1) Are there any exceptions to the requirements in this law?

A1) Yes. A prescriber may issue a written – rather than electronic – prescription for a schedule II controlled substance only in the following circumstances:

- In the event of a temporary technical, electrical, or broadband failure;
- When the prescription is issued for a nursing home resident or hospice care patient;
- When the prescriber is employed by, or under contract with, the same entity that operates the pharmacy;
- When the prescriber determines that an electronic prescription cannot be issued in a timely manner and the patient's medical condition is at risk;



- When the prescription is issued from a health care facility, which may include an emergency department, and the prescriber reasonably determines that an electronic prescription would be impractical for the patient or would cause delay that may adversely impact the patient's medical condition;
- When the prescriber issues per year not more than 50 prescriptions for schedule II controlled substances;
- When the prescriber is a licensed veterinarian.

There is an additional temporary exemption for 12 months after the bill's effective date (9/23/2022), during which a prescriber may issue a written prescription for a schedule II controlled substance if the drug is to be dispensed by a pharmacist employed by, or under contract with, any state agency (for example, pharmacists working at state psychiatric hospitals).

The Board of Pharmacy is unable to provide legal advice regarding specific scenarios, including the applicability of exceptions. Licensees are encouraged to contact their legal counsel for any additional questions on the implementation of this law.

Prescribers with additional questions, should contact their respective licensing Boards.

Q2) Is a pharmacist required to verify with the issuing prescriber that they meet any of the exceptions in Q1 of this document prior to dispensing?

A2) No. The law includes a "safe harbor" provision that does not require a pharmacist to verify any exceptions prior to dispensing a Schedule II controlled substance that is not prescribed electronically [see ORC 3719.05(A)(3)(d)]. The law's [analysis](#) by the Legislative Service Commission states:

A pharmacist who receives a faxed, oral, or written prescription for a Schedule II controlled substance is not required to verify that the prescription was issued under an exception to the act's requirement that a prescriber issue the prescription electronically.

Q3) Does the law account for federal exceptions that permit the dispensing of controlled substances for emergency and hospice/LTC situations?

A3) Yes. These federal exceptions still apply (see [21 C.F.R. 1306.11](#)).

Q4) Are there any exceptions to these requirements if the pharmacy is experiencing technical issues?

A4) Yes. A pharmacist may dispense a written Schedule II controlled substance prescription if the pharmacy is experiencing a **temporary** technical, electrical, or broadband failure that prevents the pharmacist from dispensing upon an electronic prescription.

Q5) What are some examples of Schedule II controlled substances?

A5) Substances in this schedule have a high potential for abuse which may lead to severe psychological or physical dependence.

Examples of Schedule II narcotics include: hydromorphone (Dilaudid®), methadone (Dolophine®), meperidine (Demerol®), oxycodone (OxyContin®, Percocet®), and fentanyl (Sublimaze®, Duragesic®). Other Schedule II narcotics include: morphine, opium, codeine, and hydrocodone.

Examples of Schedule II stimulants include: amphetamine (Dexedrine®, Adderall®), methamphetamine (Desoxyn®), and methylphenidate (Ritalin®).

Other Schedule II substances include: amobarbital, glutethimide, and pentobarbital.

For a complete list of Schedule II controlled substances, visit:

<https://codes.ohio.gov/ohio-administrative-code/rule-4729:9-1-02>

Q6) Are there any Ohio requirements for systems that transmit electronic prescriptions for controlled substances?

A6) OAC [4729:5-3-11](#) (C) requires the following for systems that transmit electronic prescriptions for controlled substances:

- If applicable, an outpatient prescription transmitted by means of an electronic prescription transmission system shall include the full name of the prescriber's agent transmitting the prescription.
- A controlled substance outpatient prescription shall only be transmitted by means of an electronic prescription transmission system if the system complies with [21 CFR 1311](#).

For more information on federal requirements for the electronic transmission of controlled substance prescriptions, visit: https://www.deadiversion.usdoj.gov/ecomms/e_rx/

To review the Board's rule on issuing outpatient prescriptions, visit: <https://codes.ohio.gov/ohio-administrative-code/rule-4729:5-3-11>