

2024 Ohio Law Review

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State of Ohio Board of Pharmacy

Disclosure Statement

- Katie Stabi has no relevant financial relationship(s) with ineligible companies to disclose.

and

- None of the planners for this activity have relevant financial relationships with ineligible companies to disclose.

Learning Objectives

At the completion of this activity, the participant will be able to:

1. Identify recent changes in state and federal laws and rules which impact pharmacy practice in Ohio;
2. Describe the effect of recent law and rule changes on the practice of pharmacy;
3. Discuss implementation strategies for law and rule compliance; and
4. Review relevant board notices and publications.

Compounding

OAC 4729:7-1-01 Compounding References

- Effective 3/31/21
 - USP <795>, USP <797>, and USP <800> means USP 43-NF 38, or any official supplement thereto (March 10, 2020)
- Comments for proposed changes were due 10/24/23
 - Has been filed with CSI
 - Implementation 1 year from effective date
 - Permits Board to grant extensions

R-2024-0291

**Enforcement of
USP 795 and
USP 797**

To permit licensees to begin the transition to the newly published Chapters of USP 795 and USP 797 (effective November 1, 2023), the Board will not take administrative action against a licensee if the licensee is found to be in compliance with the latest version of USP 795 and USP 797.

This authorization shall remain in effect until the rules enforcing these new chapters are made effective.

OAC 4729:7-2-03 Drugs Compounded in a Pharmacy

Product Quality Issue

- Any incident that causes the compounded drug preparation or its labeling to be mistaken for, or applied to, another article;
- Contamination of the compounded drug preparation, including but not limited to mold, fungal, bacterial, or particulate contamination; or
- Any significant chemical, physical, or other change or deterioration of the dispensed compounded drug preparation within the compounded drug preparation's assigned beyond-use date.

Report within 72 hours upon discovery

Examples

- Incorrect compounded concentration
- Particulates in compound (e.g., coring)
- Precipitation of compound
- Misbranded compounded product (e.g., biosimilar)

Reporting Form

**State of Ohio Board of Pharmacy
Compounding Product Quality Reporting Form (Rev. 6/2021)**

Name of Compounding Pharmacy		Ohio TDDD License No.	
Street Address	City	State	Zip
Contact E-mail		Telephone No. (XXX) XXX-XXXX	

Product Quality Report

1. Product Description		
Name of Product	Lot # or Unique ID	Beyond Use Date
Product Components/Ingredients	Quantity of Compounded Product	
2. Type of Product Quality Issue (select all the apply):		
<input type="checkbox"/> Any incident that causes the compounded drug preparation or its labeling to be mistaken for, or applied to, another article;		
<input type="checkbox"/> Contamination of the compounded drug preparation, including but not limited to mold, fungal, bacterial, or particulate contamination; or		
<input type="checkbox"/> Any significant chemical, physical, or other change or deterioration of the dispensed compounded drug preparation within the compounded drug preparation's assigned beyond use date.		
3. Date Product Quality Issue Occurred	4. Issue Discovery Date	
5. State Where Product was Dispensed		

6. Have there been any adverse events reported by patients/customers?
7. Has this issue been reported to FDA?
<input type="radio"/> Yes (Date Reported:) <input type="radio"/> No
8. Detailed Description of the Product Quality Issue (if more space is needed may include as a separate attachment)
9. Follow-Up Actions Following Discovery (if more space is needed may include as a separate attachment)

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

Responsible Person Signature	Date	Printed Name
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Attestation must be signed by the Responsible Person in wet ink. This form must be scanned and submitted, along with any attachment, via email to: compliance@pharmacy.ohio.gov

OAC 4729:7-3-07 Pharmacists conducting medication validation



Prescriber can delegate a pharmacist to perform medication validation (“final check”) of a finished compounded drug preparation



Follow prescriber compounding record keeping requirements

Transmission, Issuance, and Processing of Prescriptions

OAC 4729:5-3-11 Transmission of outpatient prescriptions

Oral

- Prescriber +/- prescriber agents first and last name

Written

- Signed by prescriber (i.e., wet-ink)
- Facsimile
 - Identification number of machine, prescriber name +/- agent's full name
 - Remain with patient records: "VOID" or "FAXED"

Electronic Prescription Transmission System

Electronic Prescription Transmission System


- Include the full name of the prescriber's agent
- Controlled substances must comply with 21 CFR 1311
- May not convert into computer-generated fax or scanned image, except for non-controls:
 - Board approved system
 - Closed system
 - Board approved third-party intermediary during a temporary telecommunication outage

Not Valid Methods

- Electronic signature
- DocuSign
- Text messages
- Messaging systems
- Email

ORC 3719.05 Pharmacist may dispense controlled substances - prescriptions - sale of stock

Schedule II controlled substance shall be dispensed only upon an electronic prescription



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.

ORC 3719.05 Pharmacist may dispense controlled substances - prescriptions - sale of stock



May be dispensed upon an oral prescription in emergency situations



May dispense upon a written prescription if there is a temporary technical, electrical, or broadband failure prevents the pharmacist from dispensing



May be dispensed upon a written prescription if it was issued as described in division (C) of ORC 3719.06.

Section 3719.06 Authority of licensed health professional

Prescriber may issue a written schedule II controlled substance prescription if any of the following apply:

- Temporary technical, electrical, or broadband failure occurs
- Issued for a nursing home resident or hospice care patient
- Prescriber is employed by or under contract with the same entity that operates the pharmacy
- Prescriber issues not more than 50 prescriptions/year
- Prescriber is a veterinarian

Section 3719.06 Authority of licensed health professional

Prescriber may issue a written schedule II controlled substance prescription if any of the following apply:

- Electronic prescription cannot be issued in a timely manner and the patient's medical condition is at risk
- Prescription issued from a health care facility, which may include an emergency department, and determines an electronic prescription would
 - Be impractical for the patient or
 - Cause a delay that may adversely impact the patient's medical condition

21 CFR Part 1306



Transfer of electronic prescriptions for schedules II–V controlled substances between registered retail pharmacies for initial filling, upon request from the patient, on a one-time basis



Authorized refills are to be transferred with original prescription



Must remain in its electronic form

Updates

OAC 4729:3-2-08
Verification of
registration and
certification



Prior to
commencing
employment



At least every 24
months



Certification from
organization at least
every 24 months

Registered Pharmacy Technicians

- Continuing education: 10 contact hours
 - April 1, 2022 – March 31, 2024
 - CPE monitor account from NABP
 - 2 hours pharmacy jurisprudence
 - 2 hours patient or medication safety
- Renewal opened January 31, 2024
 - New registration expires 3/31/26
- Were permitted to upgrade to certified pharmacy technician

OARRS

New NarxCare functionality

Updated Overdose Risk Score

- Unintentional overdose risk scoring model
- Presentation of key contributing factors to the model's calculation

Fraudulent Promethazine Prescriptions

- Often phoned in or faxed
- If suspicious call or fax, contact:
 - Local law enforcement
 - Notify Board of Pharmacy



OAC 4729:5-5-08 Prospective drug utilization review



Based upon information obtained during a prospective drug utilization review, a pharmacist shall use professional judgment when making a determination about the legitimacy of a

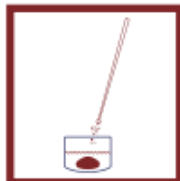


A pharmacist shall not dispense a prescription of doubtful, questionable, or suspicious origin.

Fentanyl Test Strips

- SOBP partnered with Office of Governor Mike DeWine, RecoveryOhio, the Ohio Department of Mental Health and Addiction Services, and the Ohio Department of Health
- What can be ordered:
 - 2 boxes/order to Ohio TDDD
 - Educational Handouts
 - Pharmacies only: Naloxone patient counseling
- Order:
<https://www.surveymonkey.com/r/FTSORDER>

HOW TO TEST YOUR DRUGS USING FENTANYL TEST STRIPS



1. Put the drugs you are testing in a small, unused container.

The more of your drugs you test, the more reliable the results will be.



2. Add water to your drugs and mix them up.

For 10 milligrams (mg) of:

- **Meth, MDMA and ecstasy**, use 1 teaspoon of water.
- Other drugs, like **heroin, cocaine, crack, ketamine and pills from nonmedical sources**, use a half teaspoon of water.

10 mg is enough to cover Abraham Lincoln's hair on a penny or fill a standard microscop.

1 teaspoon holds about as much as a soda or water bottle cap.



Tips for testing your drugs:

- Do not use test strips more than once.
- Finely crush **pills and tablets**, add water to the powder mix thoroughly. If you do not want the entire pill, break it in half and test a portion of the middle.



3. Place the strip in the water for 15 seconds.

Hold test strip at solid blue end, insert the wavy end in the water for 15 seconds.

Instructions Continued



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Scan here for video
instructions (BTM
Rapid Strips):

USING FENTANYL TEST STRIPS



4. Place the strip down flat and wait 5 minutes.

After waiting **at least 5 minutes**, look at the strip in full light. Do not attempt to read results after 10 minutes.

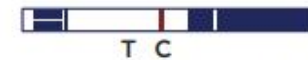


5. Read the results.

Positive test: If you are not planning to use fentanyl, avoid using the drugs, or start low and go slow.

Negative test: Remember, no test is 100% accurate and your drugs may still contain fentanyl.

Invalid test: Retest your drugs with a new strip.



Only one colored line appears in the control region (C). No apparent colored line appears in the test region (T).



Two colored lines appear on the membrane. One line appears in the control region (C) and another line appears in the test region (T). **Even faint lines are considered negative.**



Control line fails to appear. Results from any test which has not produced a control line at the specified read time must be discarded.

What else can I do to lower my risk of overdose?

No drug is completely safe and there is always a risk of overdose. Try using the following tips:

- **Use drugs with other people**, take turns, and avoid sharing needles and other devices.
- **Go slow** by taking small amounts and waiting in between use.
- Get **naloxone** and use it if there is an overdose. Naloxone can be obtained at your local pharmacy or can be obtained free-of-charge through the mail by visiting: naloxone.ohio.gov
- **Contact 988:** If you or someone you know is experiencing a non-life-threatening mental health or addiction-related crisis (thoughts of suicide, emotional distress, or substance use/addiction) **call, chat, or text 988** for free, 24/7, confidential support.

Adapted from materials developed by the New York City Department of Health and Mental Hygiene.
www.nyc.gov/health/fentanyl



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Overdose Risk Factors & Prevention

Opioids include both illicit fentanyl and heroin as well as prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone (Oxycontin, Percodan, Percocet), hydrocodone (Vicodin, Lortab, Norco), fentanyl (Duragesic, Fentora), hydromorphone (Dilaudid, Exalgo), and buprenorphine (Subutex, Suboxone). The following are some common risk factors for opioid overdose as well as some prevention strategies:

Mixing Drugs

Many overdoses occur when people mix heroin or prescription opioids with alcohol and/or benzodiazepines. Alcohol and benzodiazepines (Xanax, Klonopin, Ativan and Valium) are particularly dangerous because, like opioids, these substances impact an individual's ability to breathe. Avoid mixing opioids with other drugs or alcohol. If prescribed an opioid and a benzodiazepine by a prescriber, take only as directed.

Tolerance

Tolerance is your body's ability to process a drug. Tolerance changes over time so that you may need more of a drug to feel its effects. Tolerance can decrease rapidly when someone has taken a break from using an opioid. When someone loses tolerance and then takes an opioid again, they are at-risk for an overdose, even if they take an amount that caused them no problem in the past. If you are using opioids after a period of abstinence, start at a lower dose.

Physical Health

Your physical health impacts your body's ability to manage opioids. Since opioids can impair your ability to breathe, if you have asthma or other breathing problems you are at higher risk for an overdose. Individuals with liver (hepatitis), kidney problems, and those who are HIV-positive are also at an increased risk of an overdose.

Previous Overdose

A person who has experienced a nonfatal overdose in the past has an increased risk of a fatal overdose in the future. To prevent a fatal overdose, teach your family and friends how to recognize and

How do I know if someone is overdosing?

If someone takes more opioids than their body can handle, they can pass out, stop breathing, and die. An opioid overdose can take minutes or even hours to occur.

A person who is experiencing an overdose may have the following symptoms:

- Slow breathing (less than 1 breath every 5 seconds) or no breathing.
- Vomiting.
- Face is pale and clammy.
- Blue lips, fingernails, or toenails.
- Slow, erratic, or no pulse.
- Snoring or gurgling noises while asleep or nodding out.
- No response when you yell the person's name or rub the middle of their chest with your knuckles.

An overdose is a MEDICAL EMERGENCY!

Call 9-1-1 immediately



**STATE OF
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BOARD OF PHARMACY

Overdose Recognition and Response Guide



A GUIDE FOR PATIENTS AND CAREGIVERS

State of Ohio Board
of Pharmacy

Steven W. Schierholt

What is naloxone?

Naloxone (Narcan) is a prescription medication that can reverse an overdose that is caused by an opioid drug. When administered during an overdose, naloxone blocks the effects of opioids on the brain and restores breathing. It can be given as an injection into a muscle or as a nasal spray.

Naloxone has no potential for abuse. If it is given to a person who is not experiencing an opioid overdose, it is harmless. If naloxone is administered to a person who is experiencing an opioid overdose, it will produce withdrawal symptoms. Naloxone does not reverse overdoses that are caused by non-opioid drugs.

IMPORTANT: Naloxone should be stored at room temperature and away from light. Naloxone can freeze at low temperatures. If this happens, the medication may not work as intended.

Where to Get Help

988 SUICIDE & CRISIS
LIFELINE

**Ohio Department of Mental Health
and Addiction Services Treatment
Referral Line** (8am-6pm M-F)
1-877-275-6364

RecoveryOhio - How to Get Help
www.pharmacy.ohio.gov/GetHelp

**Substance Abuse & Mental Health
Services Administration Treatment
Locator**
<https://findtreatment.gov/>

How to respond to an overdose

1. Try to wake the person up by yelling their name and rubbing the middle of their chest with your knuckles (sternum rub).
2. Call 9-1-1. Indicate the person has stopped breathing or is struggling to breathe.
3. Make sure nothing is in the person's mouth that could be blocking their breathing. If breathing has stopped or is very slow, begin rescue breathing.

4. Give Rescue Breathing

Step 1: Tilt their head back, lift chin, pinch nose shut.

Step 2: Give 1 slow breath every 5 seconds. Blow enough air into their lungs to make their chest rise.

5. Use naloxone and continue rescue breathing at one breath every 5 seconds.

6. If the person begins to breathe on their own, put them on their side so they do not choke on their vomit. Continue to monitor their breathing and perform rescue breathing if respirations are below 10 breaths a minute. If vomiting occurs, manually clear their mouth and nose.

7. If the person does not respond by waking up, to voice or touch, or start breathing normally within 2-3 minutes, another dose of naloxone should be given.

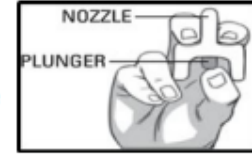
8. Stay with the person until EMS arrives.

*Please be advised that there are other naloxone formulations available. Ohio law requires patients to be trained on the formulation of naloxone being dispensed. Pharmacists must provide supplemental training materials if dispensing a formulation of naloxone not listed in this brochure.

How to give naloxone*:

NARCAN™ (4MG) and Kloxxado™ (8MG) Nasal Spray

1. Peel back the tab to open the nasal spray.
2. Hold the device with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle. Do not apply any pressure until you are ready to give the dose.
3. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose.
4. Press the plunger firmly to give the dose of the medication. Remove the device from the nostril after giving the dose.
5. If the person is unresponsive after 2 to 3 minutes, give an additional dose in the other nostril.



For a copy of the manufacturer's instructions visit:
www.pharmacy.ohio.gov/NARnasal (NARCAN)
www.pharmacy.ohio.gov/KLOnasal (Kloxxado)

ZIMHI™ (Naloxone HCl) Injection

1. Press needle into outer thigh after twisting off needle cap.
2. Push the plunger until it clicks and hold for 2 seconds before removing the needle. The correct dose has been given if the plunger has been pushed all the way down and blocks part of the solution window. It is normal for most of the medicine to remain in the syringe after the dose has been injected.
3. Pull the safety guard down using one hand with fingers behind the needle. Do this right after you give the injection.
4. Place the used syringe into the blue case and close it. If the person is unresponsive after 2 to 3 minutes, give an additional dose using a new device.

For a copy of the manufacturer's instructions visit: www.pharmacy.ohio.gov/ZIMinject

OAC 4729:5-5-06 Labeling of drugs dispensed on prescription

Contact phone number of one of the following:

- Dispensing pharmacy
- Location where a pharmacist is employed/contracted that has full access to the dispensing pharmacy's patient records



OAC 4729:2-2-06 Statement of preceptor and practical experience affidavit

- Practical experience affidavits for a calendar year can be submitted at any time
 - Must be no later than one year after credit is earned
- Previously had to be by March 1

OAC 4729:1-5-02
Continuing
education
requirements for
pharmacists

- 30 hours
 - 2 pharmacy jurisprudence
 - 2 medication safety
- Initial licensure by exam or reciprocity does not have to complete CE for initial period

OAC 4729:1-5-01 Pharmacist continuing education - definitions

"Board approved pharmacy practice-specific specialty certification program" means:

1. The program is offered by the board of pharmacy specialties (BPS); or
2. The program is offered by the specialty pharmacy certification board (SPCB); or
3. A program approved by the board

OAC
4729:3-2-01
Registration
procedures

- Permits pharmacy technician reciprocity
- Trainee registration is valid for 18 months
 - Can apply for reinstatement

OAC 4729:3-3-02 Approved pharmacy technician training programs

TDDD is responsible for providing employer-based training

Includes training of USP<800> and USP<825> for non-sterile and sterile compounding, as applicable

OAC 4729:7-2-03
Drugs
compounded in a
pharmacy

Registered pharmacy technician
may engage in sterile
compounding

OAC 4729:3-3-03 Registered pharmacy technicians

May perform sterile compounding if:

- In process of studying to obtain certification
- Not engage in sterile compounding for longer than 18 months from date completed training
- TDDD is accountable for 18 month period

Register as certified pharmacy technician to continue compounding past 18 month period

Proposed Rules

Proposed Rules



**STATE OF OHIO
BOARD OF PHARMACY**

[CONTACT](#) 

[ABOUT](#)[VERIFY LICENSE](#)[PUBLICATIONS](#)[LICENSING / CE](#)[LAWS & RULES](#)[COMPLIANCE / ENFORCEMENT](#)

LAWS & RULES

- > [Ohio Revised Code](#)
- > [Ohio Administrative Code](#)
- > [Code of Federal Regulations](#)
- > [Rule Changes](#)
- > [Proposed Rules](#)

PROPOSED RULES

The State of Ohio Board of Pharmacy values the input of stakeholders and encourages your participation in the rule revision process on rules currently being proposed by the Board.

- > [Sign Up for Email Updates on Proposed Rules](#)
- > [How to Find Rules Filed with the Joint Committee on Legislation](#)
- > [Guide to Public Participation in the Rule-Making Process](#)

RULES FOR PUBLIC COMMENT

- > [Comments for Stakeholder Feedback - Schedule I-V Controlled Substances \(Comments Due 2.22.2024\)](#)

RULES REVIEW COMMITTEE

The State of Ohio Board of Pharmacy's Rules Review Committee, composed of pharmacists from a variety of practice settings, reviews proposed rules to ensure they are clear, concise, and consistent with the Board's mission and the public interest.

<https://www.pharmacy.ohio.gov/LawsRules/ProposedRules>

Public Participation



Guide to Public Participation in the Rule-Making Process

Revised: 10/7/2019

Mission and Structure of the Board

The mission of the State of Ohio Board of Pharmacy is to act efficiently, consistently, and impartially in the public interest to pursue optimal standards of practice through communication, education, legislation, licensing, and enforcement.

The State of Ohio Board of Pharmacy is the single state agency in Ohio responsible for administering and enforcing laws governing the legal distribution of drugs. The Board consists of nine members who are appointed by the Governor for terms of four years. Eight of the members are licensed pharmacists who represent, to the extent practicable, each phase of pharmacy practice. One member represents the public.

Since the State of Ohio Board of Pharmacy is responsible for administering and enforcing the drug laws of Ohio, the Board licenses:

<https://www.pharmacy.ohio.gov/documents/lawsrules/proposedrules/guide%20to%20public%20participation%20in%20the%20rule-making%20process.pdf>

Process

Step 1: Rules Review Committee

- Meets quarterly
- Proposed rules and 5-year review

Step 2: Approval for Filing by the Board

- Board approves filing with Common Sense Initiative (CSI) and then the Joint Committee on Agency Rule Review (JCARR)

Process

Step 3: File with CSI

- Permits public comment
- Usually 16 business days

Step 4: File with JCARR

Step 5: Public Hearing

- Held 30-41 days after rules filed with JCARR

Step 6: JCARR Hearing

Process

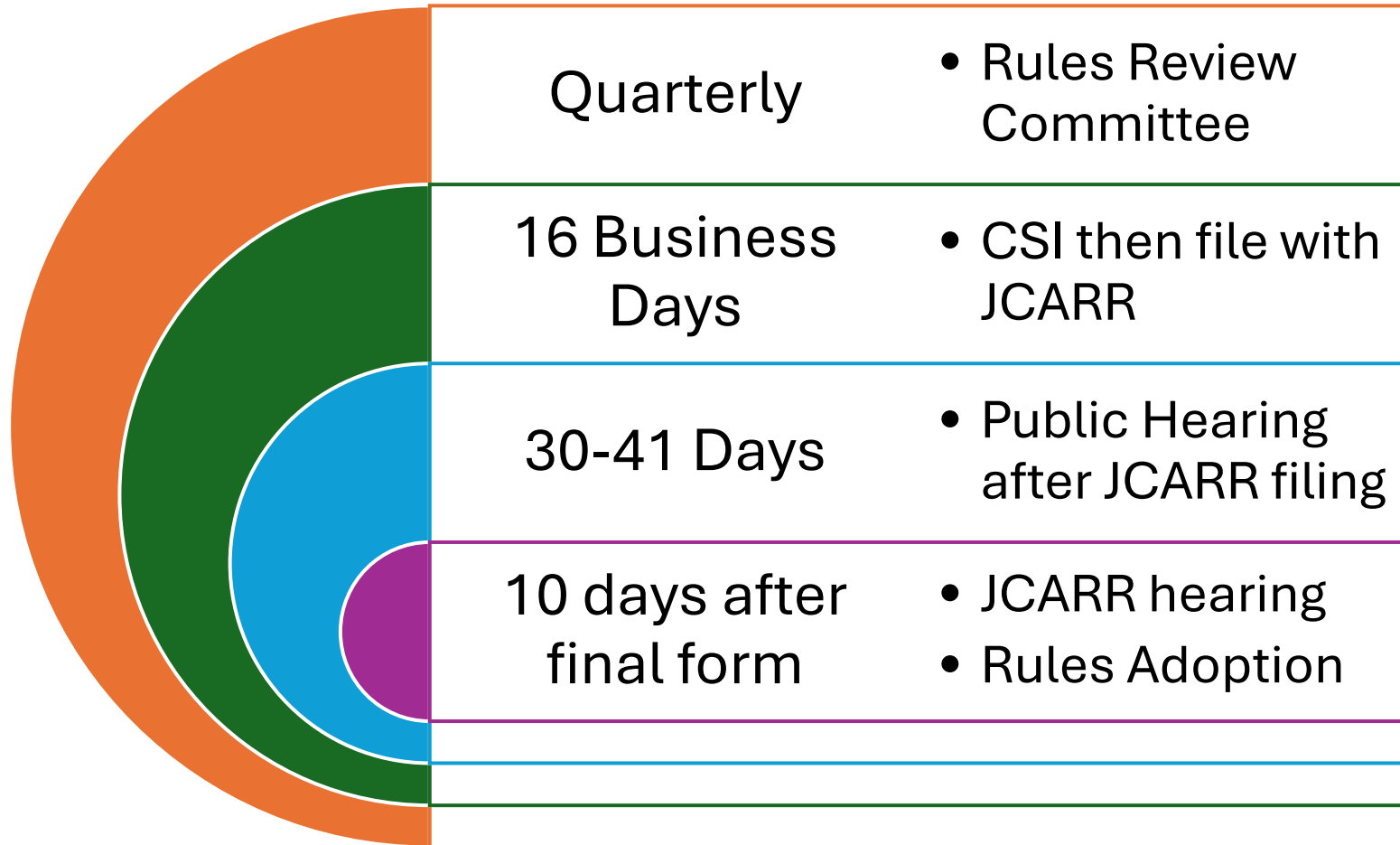
Step 7: Rules Adoption

- Shall not be earlier than 10th day after it's been filed in its final form

Public Participation

- Initiate discussion: submit concerns
- Rule formulation: public Rules Review Committee
- CSI: comment period
- Public Rules Hearing
- JCARR Hearing

Timeline



JCARR Public Hearing 2/13/24

Rule Number	Type	Tagline
4729:5-5-02	Rescind	Minimum standards for an outpatient pharmacy.
4729:5-5-02	New	Minimum Standards for the Operation of an Outpatient Pharmacy.
4729:5-5-02.1	New	Provision of Ancillary Services in an Outpatient Pharmacy.
4729:5-5-02.2	New	Mandatory Rest Breaks for Pharmacy Personnel.
4729:5-5-02.3	New	Requests for Additional Staff and Reports of Staffing Concerns in an Outpatient Pharmacy.
4729:5-5-02.4	New	Significant Delays in the Provision of Pharmacy Services.
4729:5-5-02.5	New	Outpatient Pharmacy Access Points.
4729:5-2-05	New	Notification of Accessible Services.

OAC 4729:5-5-02
Minimum
Standards for the
Operation of an
Outpatient
Pharmacy

“Ensure sufficient personnel are scheduled to work at all times in order to minimize fatigue, distraction, or other conditions which interfere with a pharmacist’s ability to practice with reasonable competence and safety. Staffing levels shall not be solely based on prescription volume but shall consider any other requirements of the practice of pharmacy by pharmacy personnel during working hours.”

OAC 4729:5-5-02.1 Provision of Ancillary Services in an Outpatient Pharmacy

Ancillary Services

Immunizations

Drug administration

Medication therapy management

Disease state management

Refill reminders

Not Ancillary Services

- Services provided by an outpatient pharmacy to patients upon discharge from an institutional facility

OAC 4729:5-5-02.1 Provision of Ancillary Services in an Outpatient Pharmacy

An outpatient pharmacy shall not establish any quotas relating to the provision of ancillary services.



“Quota” means a fixed number or formula related to the duties of pharmacy personnel, against which the pharmacy or its agent measures or evaluates the number of times either an individual performs tasks or provides services while on duty.

Quota Does Not Mean

A measurement of the revenue earned by a pharmacy not calculated in relation to, or measured by, the tasks performed, or services provided by pharmacy personnel.

Any evaluation or measurement of the competence, performance, or quality of care provided to patients of pharmacy personnel if the evaluation does not use quotas.

Any performance metric required by state or federal regulators.

OAC 4729:5-5-02.2 Mandatory Rest Breaks for Pharmacy Personnel



May not require pharmacy personnel to work >13 hours

Must allow at least 8 hours of off time between consecutive shifts

PHARMACIST may volunteer to work longer



Pharmacy personnel working >6 continuous hours/workday is allowed to take a 30-minute uninterrupted rest break

Pharmacist remains on premise unless:

- ≥ 2 Pharmacists working
- Pharmacy closes

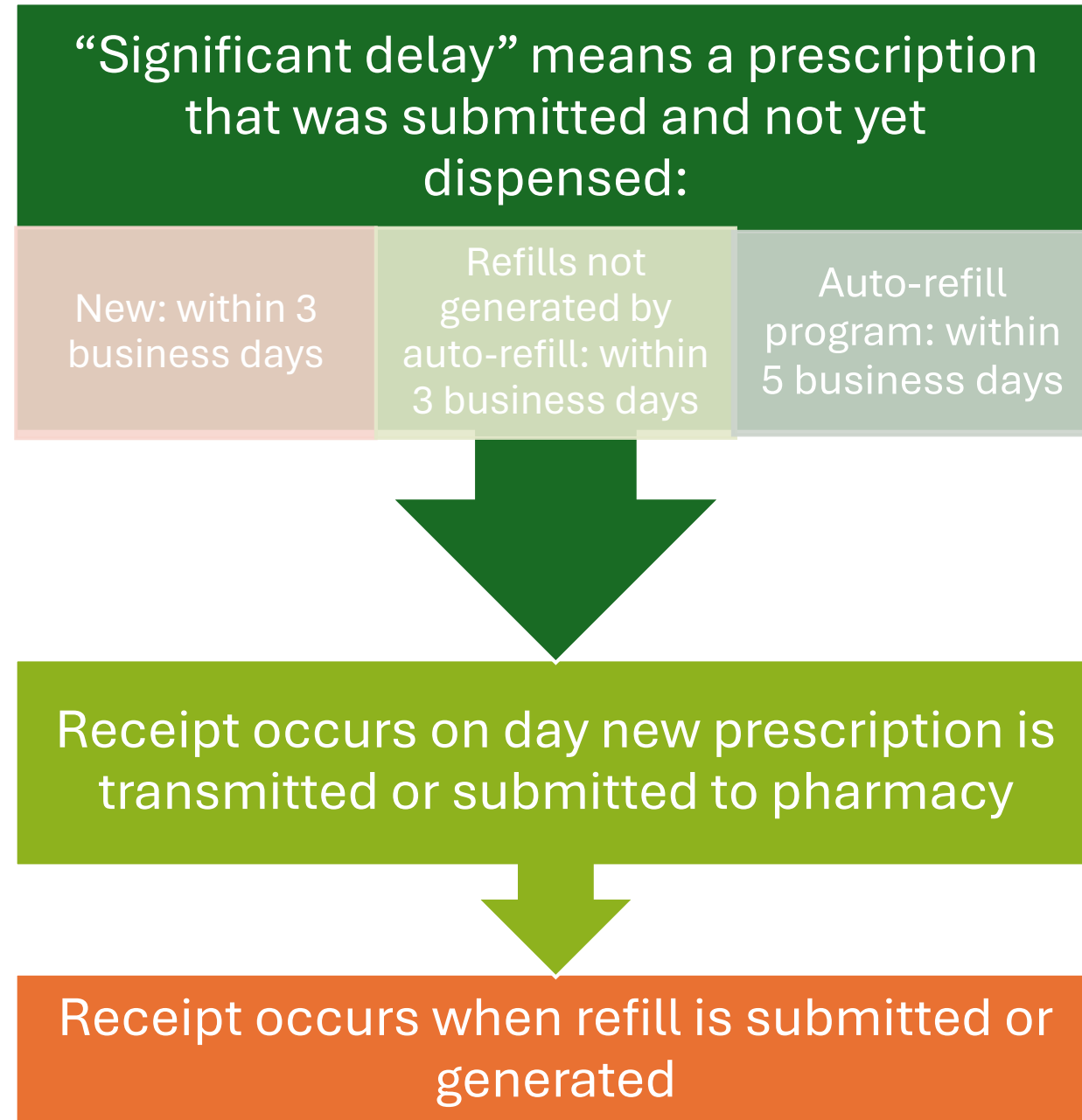


Pharmacy shall not retaliate or discipline a pharmacist for refusing to work longer than 13 hours or pharmacy personnel that opt to take breaks

OAC 4729:5-5-02.3 Requests for Additional Staff and Reports of Staffing Concerns in an Outpatient Pharmacy

- Develop a process for pharmacy staff to communicate requests for additional staff or reports of staffing concerns
- A written response shall occur within 14 business days of submission
- Shall not retaliate or discipline a pharmacist who, in good faith, makes a request

OAC
4729:5-5-
02.4
Significant
Delays in
the
Provision of
Pharmacy
Services



Significant Delay is NOT:

Drug shortage or
drug not available

Clarification needed

Prior authorization

Compounded drug

Prescription that is
considered
questionable,
doubtful, or
suspicious

Prescription that
cannot be safely
provided or may
negatively impact
care

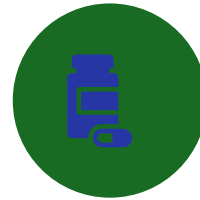
Patient, prescriber,
caregiver request

Transfer requested

Disaster (e.g.,
natural, loss of
power, technology
outage)



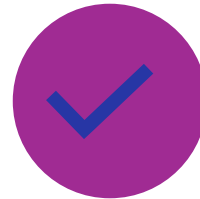
Limit pharmacy
hours



Transfer prescriptions
to another pharmacy,
upon patient consent



Increase
pharmacy staff



Other strategy that is
agreed upon by
pharmacy and board



Triage lifesaving
and life-
sustaining
medications

Auto-Refills

- Must be authorized by patient or patient's caregiver
- Maintain documentation of enrollment and date
- Consent may be captured electronically, verbally, or in writing
- Maintain record of consent in patient profile or another system
- Discontinue enrollment upon request

OAC 4729:5-5-02.5 Outpatient Pharmacy Access Points

- Pharmacy must have policy that permits a pharmacist to:
 - Limit provision of ancillary services
 - Limit pharmacy access points
- If no policy, pharmacy shall not override control of the pharmacist on duty
- Pharmacy shall not retaliate or discipline pharmacist who, in good faith, acts in accordance to rule

Contact the Board, Notices, and
Publications

Pharmacy.ohio.gov

The screenshot shows the homepage of the State of Ohio Board of Pharmacy website. The browser's address bar displays 'pharmacy.ohio.gov'. A red circle highlights the search bar and the navigation links 'Paused' and 'Finish Up'. The website header features the State of Ohio Board of Pharmacy logo and the text 'STATE OF OHIO BOARD OF PHARMACY'. Below the header is a navigation menu with links: ABOUT, VERIFY LICENSE, PUBLICATIONS, LICENSING / CE, LAWS & RULES, and COMPLIANCE / ENFORCEMENT. The main content area has a background image of a pharmacist and a banner that reads 'Protecting Ohio Since - 1884 -'. Below the banner are three featured sections: 'MEDICAL MARIJUANA RESOURCES', 'OARxRS OHIO AUTOMATED RX REPORTING SYSTEM', and 'FILE A COMPLAINT' with a 'LEARN MORE' link. The Windows taskbar at the bottom shows the time as 7:00 AM on 2/19/2024.

Contact



The State of Ohio Board of Pharmacy welcomes your comments, suggestions, and questions.

We can be reached at:

77 S High Street, 17th Floor
Columbus, OH 43215-6126

Telephone: (614) 466-4143

Fax: (614) 752-4836

TTY/TDD Ohio Relay Service: 1 (800) 750-0750

Media Relations: (614) 705-1190

[Click here](#) to access our online complaint form.

Or you may send an e-mail using the form below.

Your full name

Your e-mail address

Contact number *(optional)*

License number *(optional)*

Subject

Type your message here

SEND

Or you may send an e-mail using the form below.

Terminal Distributor of Dangerous Drug Information
Wholesale Distributor of Dangerous Drug Information
Pharmacist/Reciprocity Information
Pharmacy Intern Information
Pharmacy Technician Information
Compliance/Enforcement Information
Proposed/New Rule Changes
Mailing Lists/Data Requests
Prescription Monitoring Program Inquiries
Regarding the Pharmacy Board Website
Home Medical Equipment Service Provider Information
General/ Not Addressed Elsewhere

Pharmacy.ohio.gov



File a Complaint

STATE OF OHIO BOARD OF PHARMACY

COMPLAINT FORM

Per section 4729.23 of the Ohio Revised Code, the identity of an individual submitting a complaint to the State of Ohio Board of Pharmacy is confidential. If, however, after review of the issues in the complaint, the Board discovers jurisdiction is more appropriate with a different investigative body, the complaint information may be shared with another agency. Any agency receiving information from the Board is subject to the same confidentiality requirements.

Items marked with a * are required.

Name of Complainant*

Address*

City*

State*

Zip Code*

Home Phone*

Business Phone

Email Address*

Re-enter Email*

Incident Date*



Is your complaint against a business such as a pharmacy or hospital?*

☐ Yes

☒ No

Is your complaint against a person, such as a pharmacist, pharmacy technician, patient or prescriber?*

☐ Yes

☒ No

Does your complaint involve a specific prescription?*

☐ Yes

☒ No

Does your complaint involve an OARRS report?*

☐ Yes

☒ No

Have you made a complaint to any other government agency, professional association, etc. about this matter?*

☐ Yes

Have you made a complaint to any other government agency, professional association, etc. about this matter?*

☐ Yes

☒ No

In your own words, with as much detail as possible, please state your complaint.*

Maximum 8000 characters

Were there any other witnesses or other persons who may have additional information about your complaint?*

☐ Yes

☒ No

SUBMIT COMPLAINT

Avoid Scammers in 2024

The State of Ohio Board of Pharmacy continues to learn that licensees are being targeted by scammers who claim to work for various governmental agencies (Board of Pharmacy, DEA, FBI, Department of Justice, etc.) to obtain money from the target. The Board strongly encourages licensees to be alert in 2024 to avoid scammers.

The scam involves phone calls, emails, and letters purporting to originate from various state and federal agencies, as well as faxes, that include allegations of drug trafficking and threats of suspension against the target's license.

Board of Pharmacy investigators will not ask for fine payment or personal/sensitive information over the phone and will never contact licensees via fax. As a reminder, administrative fines issued by the Board are not paid via gift cards or cryptocurrency.

If the Board of Pharmacy is conducting an investigation and that individual faces action against their license, they will receive an official notice of opportunity for a hearing either via certified mail or by personal service.

If you are contacted by a scammer, please report this information using the Board's online complaint form: www.pharmacy.ohio.gov/complaint. Additionally, reports should be made to your local law enforcement agency.

If you receive any suspicious calls or correspondence purporting to be from the Board of Pharmacy, we encourage you to call (614-466-4143) or email (contact@pharmacy.ohio.gov) the Board to confirm its legitimacy.

Verify Messages

The screenshot shows the homepage of the State of Ohio Board of Pharmacy. The header includes the board's seal, the name "STATE OF OHIO BOARD OF PHARMACY", a search bar, and a "CONTACT" button. A dark blue navigation bar contains links for "ABOUT", "VERIFY LICENSE", "PUBLICATIONS", "LICENSING / CE", "LAWS & RULES", and "COMPLIANCE / ENFORCEMENT". The "PUBLICATIONS" link is circled in red. Below it, a dropdown menu lists various resources, with "VERIFY MESSAGES" at the bottom, also circled in red. The main content area features a large banner with the text "Protecting Ohio Since - 1884 -" and a "FILE A COMPLAINT" button. A "MEDICAL MARIJUANA RESOURCES" section is visible on the left. The URL "https://www.pharmacy.ohio.gov/Duba/Messages" is partially visible at the bottom left.

STATE OF OHIO
BOARD OF PHARMACY

Search

CONTACT

ABOUT VERIFY LICENSE PUBLICATIONS LICENSING / CE LAWS & RULES COMPLIANCE / ENFORCEMENT

AGENCY

BOARD ACTIONS

BOARD MINUTES

BOARD PUBLICATIONS

GUIDANCE DOCUMENTS

NEWS RELEASES

NEWSLETTERS

REPORTS

VERIFY MESSAGES

Protecting Ohio Since - 1884 -

FILE A COMPLAINT

> LEARN MORE

MEDICAL MARIJUANA RESOURCES

https://www.pharmacy.ohio.gov/Duba/Messages

Verify Messages

VERIFY MESSAGES:

Most Recent

- > 2024-02-07 Request for Comment Schedule I-V Controlled Substances
- > 2024-02-05 Phishing Tips to Avoid Getting Hooked
- > 2023-01-31 e-News January 2024
- > 2024-02-01 NABP February 2024 Ohio Newsletter
- > 2024-01-26 Rules for Stakeholder Comment
- > 2024-01-19 Licensee Alert - Fraudulent Promethazine Prescriptions
- > 2024-01-11 Registered Pharmacy Technician Renewal will Open January 31st
- > 2024-01-09 Extension of Expiration of Animal Euthanasia Solution is Being Rescinded
- > 2024-01-05 Avoid Scammers in 2024
- > 2023-12-19 Rules for Stakeholder Comment **(Updated)**
- > 2023-12-18 Registered Pharmacy Technician Renewal and Continuing Education Requirements
- > 2023-12-12 Rules for Stakeholder Comment
- > 2023-12-01 E-News December 2023
- > 2023-11-7 Continuous Quality Improvement and Duty to Report Rules
- > 2023-10-24 Board of Pharmacy Adds Nalmefene as an Overdose Reversal Drug
- > 2023-10-23 Registered Technician Renewal 2024
- > 2023-10-17 2023 Loss Prevention Roundtable
- > 2023-10-12 Request for Comment Accessible Pharmacy Services
- > 2023-10-04 Proposed Compounding Rules USP 797 and USP 795
- > 2023-08-25 E-News August 2023
- > 2023-08-24 988 Suicide and Crisis Lifeline

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Need More Information?

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