

# Review of Ohio Law for PRO 2024

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## Objectives

- Describe the laws regarding technician immunization administration
- Describe the new laws regarding Ohio's drug repository and donation
- Interpret cases related to the practice of pharmacy
- Describe new laws related to the practice of pharmacy

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## Technician Immunizations

- 1) Pharmacy technician trainees are not permitted to give any immunizations.
- 2) The pharmacy technician is required to successfully complete a course in the administration of immunizations, receive and maintain certification to perform basic life support procedures, and practice within a specific set of treatment guidelines in the physician established protocol.

## Technician Immunizations

- 3) Technicians can administer rabies vaccines if specified in the physician protocol following Ohio law requirements.
- 4) Technicians are not allowed to administer allergy shots.
- 5) Technicians are not allowed to administered long-acting injectables.

## Technician Immunizations

- 6) It is the decision of the supervising pharmacist as to whether the pharmacist feels comfortable allowing individual technicians to administer immunizations. The supervising pharmacist is required to ensure the competency of each immunizing technician they are supervising.
- 7) The supervising pharmacist is ultimately responsible for the technician administering the immunization.
- 8) Technicians have to be included in the language of the physician approved protocol.

## Technician Immunizations

- 9) Recordkeeping requirements for each immunization administered (OAC 4729:5-5-04)
  - a) full name and address of the patient
  - b) date of birth or age
  - c) allergies
  - d) date administered
  - e) name, strength, and dose of immunization administered
  - f) lot number and expiration date of immunization
  - g) route of administration
  - h) injection site location
  - i) positive ID of technician and supervising pharmacist
  - j) ID of the person who gives informed consent

## Technician Immunizations

- 10) The supervising pharmacist must be immunization certified.
- 11) The Ohio Board of Pharmacy has determined that the technician may complete a certified course in basic life support that provides CPR and AED training for lay persons or the more advanced basic life support course for healthcare providers.
- 12) The Board updated ORC 4729.41 in May 2021 and have removed the requirements to adhere to the ACIP recommendations. This applies to all immunizations given by pharmacists, interns, and technicians. However, you can only give those immunizations that are included in the physician-established protocol.

## Technician Immunizations

13) The pharmacy employing the technician is required to do an initial and annual competency assessment of all immunizing technicians.

14) The pharmacy employing technicians giving immunizations is required to maintain or have immediate access to the following for each technician:

- a) proof of successful completion of an immunization training course
- b) proof of maintenance of basic life support certification
- c) proof of initial and annual competency assessments

## Technician Immunizations

15) There are pharmacist to technician ratios regarding immunizations:

- a) a pharmacist may not supervise more than 3 technicians in an outpatient pharmacy
- b) a pharmacist may not supervise more than 6 technicians in an immunization clinic outside of the pharmacy

16) Except for immunizations for the flu, the pharmacy employing the technician must notify the patient's primary care provider or local Board of Health within 30 days.

## Drug Repository Laws

- 1) **Big Change:** Allows charitable pharmacies, hospitals, and nonprofit clinics to accept and/or distribute donated drugs that are not in their original, sealed and tamper-evident unit dose packaging.
- 2) It also allows participating charitable pharmacies, hospitals, and nonprofit clinics to make occasional sales (transfer) donated drugs to other drug repositories.
- 3) A terminal distributor does not have to make any modifications to its license to operate a repository program.

## Drug Repository Laws

- 4) Drugs that cannot be donated include:
  - a) compounded drugs
  - b) controlled substances, except those used in the treatment of opioid dependence that are in a long-acting or extended-release form
  - c) drugs that are part of a REMS program where the patient must be registered with the drug's manufacturer
  - d) radiopharmaceuticals
  - e) drug samples, unless the repository is operating as a charitable pharmacy

## Drug Repository Laws

5) For drugs not in original sealed, tamper-evident packaging, the repository program must develop and implement standards and procedures to determine, based on a basic visual inspection by a pharmacist or prescriber, that the drugs appear to be unadulterated, safe, and suitable for dispensing. When these drugs are donated, the following donor information must be documented:

- a) brand name, generic name, manufacturer or NDC number
- b) strength
- c) quantity
- d) date the drug was donated
- e) This information must be documented on the original, signed donor form or on an alternative record. If an alternative record is used, the name of the donor must be included as well.

## Drug Repository Laws

6) If you are operating a drug repository, you must notify the Board of Pharmacy within 30 days. In addition, if you discontinue operating as a drug repository, you must notify the Board within 30 days of discontinuation. Here is a link to the form:  
[www.pharmacy.ohio.gov/renotify](http://www.pharmacy.ohio.gov/renotify).

7) These laws were updated effective May 27<sup>th</sup>, 2023.

8) Reference: OAC 4729:5-10-01 thru 10-07

## New Laws

- 1) Pharmacists can now administer long-acting buprenorphine provided they meet the required training requirements for long-acting injectable administration under Ohio law.
- 2) Effective 8/28/23, the DEA will allow the transfer of unfilled electronic prescriptions for schedule II-V controlled substances between retail pharmacies for initial filing upon request of the patient. The Ohio Board of Pharmacy has included their own rule that specifically authorizes this as well. Many pharmacists have been asking for this to be included in Ohio law. Here is the reference for Ohio Law: OAC 4729:5-5-11(E)(8)

## New Laws

- 3) The CE requirements for pharmacists have changed. The Board now requires only 30 hours of CE every two years. Pharmacists are still required to complete 2 hours of patient safety (medication errors) and 2 hours of pharmacy jurisprudence.

Case: Can you “carry-over” hours?

Case: Can you use CME for credit?

Case: Can I count the same hour for multiple states?

## New Laws

- 4) The DEA now gives pharmacists 45 days to complete DEA Form 106 when a pharmacy experiences theft or loss of controlled substances. This provides the pharmacy a little more time to complete a thorough investigation and submit the final paperwork. However, when the theft or loss is discovered, the pharmacy must make an initial report to the DEA with 24 hours and immediately notify the Ohio Board of Pharmacy.

## Talking to a Prescriber

- Do more than just verify the prescriber issued the prescription
- Don't overburden them with routine, waste of time calls
- Have a meaningful discussion
- Document the conversation in an easily retrievable format or place
- Document, Document, Document

## Pharmacist Checklist Before Filling a Controlled Substance Prescription

- Prescription looks authentic
- Prescription has all legally required information
- Drug, dose, duration, and quantity seem to be in normally observed prescribing patterns
- Assessment of the patient
- Check patient profile & perform DUR
- Review the state PDMP report
- Call physician to verify information if necessary
- Document, Document, Document!!!!

## PDMP Checklist

Here is a checklist you can use when reviewing a PDMP report

- Type of drugs prescribed (number of CNS depressants and stimulants)
- Duplicate therapy or duplicate classes of drugs
- Strengths of medication prescribed
- Quantity
- Days supply per prescription
- Number of physicians the patient is seeing (watch same address)
- Number of pharmacies the patient is using

## PDMP Checklist

- Are they using urgent care centers, minute clinics, ERs, and/or other prescribers?
- Are they getting things filled early?
- Are doses, quantities, and/or strengths escalating?
- Method of payment by patient
- These reports have errors in them. The information is only as good as the person who did the data entry.

## Documentation Is The Key

- If you didn't document it, you didn't do it
- Does my software have the ability to properly document information?
- Make sure you can readily "lay your hands" on the documentation
- Don't just document the date, time, and person you spoke with
- Make a clinical assessment and/or judgment
- Document your assessment of the OARRS data

## Cases

- A pharmacist comes to work and finds all of their oxycodone 10mg is stolen. How long do they have to report it to the DEA?

## Answer

24 hours for the initial report and then 45 days to complete the investigation and Form 106.

## Cases

- Can a pharmacy fill a prescription written by a physician for oxycodone 5mg for their aunt?

Answer

Yes

## Cases

- A patient brings a prescription to the pharmacy for Humira. The patient's insurance will only pay for Cyltezo®. Can you make this substitution without calling the prescriber?

Answer

Yes

## Cases

- You receive a written prescription for zolpidem 10mg. It says “electronic transmission failed, CVS 1245 High St. Columbus, OH”. You work at Walgreens on High St. Can you fill it? If so, what must you do before your fill it?

## Answer

Yes, but you must call CVS on High St. and make sure they have not already filled it.

## Cases

- A physician calls in an oral prescription for Toprol XL 50mg, #30, QD. The physician says to make the prescription “Brand Only”. Does the pharmacist have to dispense the brand name drug?

Answer

Yes

## Cases

- Can a pharmacist enter into a collaborative practice agreement with a physician's assistant?

Answer

No

## Case

- Dr. Stone likes to use prescription blanks with 25 pre-printed drugs on them. He chooses two drugs on one pre-printed blank he wishes to prescribe for Ken Karson. Neither of these drugs are controlled substances. Is this a legal prescription?

Answer

No

## Case

- A patient brings you a prescription for phentermine 37.5mg #30, one daily for weight loss. The prescription has 5 refills. Can you dispense all these refills?

## Answer

Yes. However, the prescriber shall assess the patient at least once every three months and obtain the patient's weight, blood pressure, and heart rate.

## Cases

- An OSU medical resident is working at an outpatient clinic in southern Ohio owned by OSU. Can the resident use the hospital's DEA number with a suffix to write prescriptions for controlled substances at this clinic?

Answer

Yes

## Cases

- Can a pharmacy sell syringes to a cabinet maker who is using them to inject glue to build cabinets?

Answer

Yes

## Cases

- Can an intern take an oral prescription for lorazepam 1mg?

## Answer

Yes

## Cases

- Where is a pharmacist required to report elder abuse?

## Answer

County Department of Job and Family Services or Ohio Adult Protective Services

## Cases

- A patient brings you a prescriptions for Adderall® 20mg, one daily, #30. You are not sure if the physician wanted immediate release or the XR. Can you call the physician and clarify this?

Answer

Yes

## Cases

- Can a physician legally write on a prescription for a patient “no childproof caps”?

## Answer

Yes. This is a legal request for non-childproof caps.

## Case

- A intern announces over the store's loudspeaker, "Ms. Smith your prescription is ready in the pharmacy". Is this a HIPAA violation?

## Answer

Yes

## Case

- A Board of Pharmacy inspector comes into your pharmacy and asks for all the prescriptions that you have filled written by a Dr. Thompson for the last two years. How long do you have to produce these records?

## Answer

3 business days

Thank You!!!!