

Ohio Pharmacy Law Update For PRO 2026

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Objectives

- Describe the new laws regarding remote dispensing in Ohio
- Describe the process and recordkeeping regarding the destruction of prescription drugs
- Describe recent changes in Ohio pharmacy practice laws

Ohio Pharmacy Law Exam – New Graduates

- For 2026 grads - Choice between new UMPJE and “old” Ohio version of the MPJE
- Ohio version of the MPJE is only available until 9/30/26
- States offering UMPJE – OH, KS, NC, RI, and IA
- June 1, 2026 – FL, VA, MD, and IL
- \$450 for UMPJE

Ohio Law Exam – New Graduates

- 120 questions of which only 100 are counted towards your score (the other 20 are test questions for next year)
- 2.5 hours to take the exam
- In NABP's words: The test will include federal law and laws common to most states.
- It is a **brand-new test**

Ohio Law Exam – New Graduates

- There are no K-type questions, where you have to choose which of the following statements are true
- There are no “select all that apply” questions
- Each question is multiple choice and has only 3 possible answers (a, b, and c)

Electronic Positive ID Requirement

- Effective January 15, 2027, all Ohio outpatient pharmacies must adopt electronic positive identification as part of the pharmacy's record keeping system.
- This means that once effective, the rule will not permit the use of hardcopy records and manual signatures to capture positive identification except for the following:

Electronic Positive ID Requirement

- Compounding and the dispensing of compounded drugs
- Ancillary services as defined in rule 4729:5-5-02.1 of the Ohio Administrative Code.
- **IMPORTANT:** This change does not impact institutional pharmacies (except those that operate outpatient pharmacies), non-resident pharmacies, and other terminal distributors (EMS, clinics, OTPs, etc.). To review the upcoming amendments to the rule, visit:
www.pharmacy.ohio.gov/positiveIDchange

Electronic Positive ID Requirement

- A waiver of the requirement for electronic positive identification may be granted by the Board upon written request of an outpatient pharmacy.
- All requests must be submitted in writing using this form: www.pharmacy.ohio.gov/waiver.
- The Board may request additional information and documentation.
- Waivers will be granted on a limited basis and requests that do not include all the required information will not be reviewed by Board staff.

Compounding Standards - Ohio

- Effective February 28, 2026, revisions to OAC 4729:7-1-01 go into effect.
- These revisions require compliance with the newest versions of United States Pharmacopeia (USP) 797 & USP 795 (both adopted by USP on March 1, 2023).
- While the rule is effective on February 28, 2026, the Board has extended the enforcement date of the rule until February 28, 2027.

Compounding Standards - Ohio

- To assist both Ohio pharmacies in complying with these new standards, the Board updated its compounding guidance documents:
- Pharmacy Compounding in Ohio
(www.pharmacy.ohio.gov/pharmcompound)

Compounding Standards - Ohio

- Will the Board grant extensions to the February 28, 2027, enforcement deadline for USP 797/795? Yes
- To qualify for an extension, a pharmacy must be able to demonstrate the following:
 - 1) The licensee was compliant with the standards in effect immediately prior to the effective date of this rule,
 - 2) Significant hardship in meeting the standards, and
 - 3) Sufficient progress towards compliance with the standards.

Destruction of Prescription Drugs

Most pharmacists are very familiar with how to document and destroy controlled substances. In fact, most pharmacies use reverse distributors. However, pharmacists may not be properly documenting the destruction of non-controlled substances.

Destruction of Prescription Drugs

1) The law requires all pharmacies to dispose of non-controlled drugs from inventory using a method that prevents the possession or use of the drugs by unauthorized persons.

2) In addition, all pharmacies are responsible for following all local, state, and federal laws for managing pharmaceutical waste. This also includes following all EPA regulations for managing hazardous waste. Here is a link for some guidance provided by the Board:

<https://www.epa.gov/hwgenerators/management-hazardous-waste-pharmaceuticals>

Destruction of Prescription Drugs

3) The following records are required of all non-controlled substance prescription drugs that are disposed of from a pharmacy's inventory:

- a) Name, strength, dosage form, and quantity of the prescription drugs disposed
- b) Date of disposal
- c) Method of disposal
- d) ID of the pharmacist that performed the disposal

Destruction of Prescription Drugs

4) Outdated and adulterated drugs must be destroyed within one year and must be stored in a separate and secure area apart from the pharmacy's other inventory to ensure they will not be accidentally dispensed.

5) The Board has created a form which can be used by the pharmacy. Here is the link:

<https://www.pharmacy.ohio.gov/Documents/Compliance/InspectionGuides/Compliance%20Forms/Non-Controlled%20Drug%20Destruction%20Form.pdf>

Remote Pharmacy Dispensing

- Definition: A pharmacy where drugs are dispensed, patient counseling occurs, and other pharmacist care is provided through a telepharmacy system. There is no pharmacist physically present.
- Passed Ohio legislature 5/9/2025
- Board of Pharmacy is still working on the rules to go along with the law

Remote Pharmacy Dispensing

- Shall not dispense more than an average of 150 prescriptions per day over a 90-day period (Board can waive this)
- Cannot be located within 10 miles of another pharmacy except:
 - It is located in an FQHC
 - It is located in an underserved area as defined by the Board
- If it dispenses controlled substances, it must maintain a perpetual inventory of all controlled substances

Staffing of Remote Pharmacies

- No pharmacist on-site
- Supervising pharmacist located in Ohio responsible for monitoring
- 2 or more pharmacy interns or certified technicians
 - Certified techs: 1,000 hours of experience and 1 year working in a pharmacy in the last 3 years
 - Interns: 1,000 hours working in a pharmacy during the last 3 years and no more than 500 of these hours can be from an academic rotation (IPPE or APPE)

Remote Dispensing Pharmacies

- No more than 3 certified tech or interns working at the same time
- Interns and Techs cannot:
 - Counsel a patient
 - Recommend drugs
 - Provide drug therapy advice
 - Compound
 - Repackage drugs
 - Administer immunizations
 - Perform diagnostic testing

Remote Dispensing Pharmacy

Supervising Pharmacist

- Can only oversee the activities of one remote pharmacy*
 - Visit the remote pharmacy at least once a quarter
 - Oversee all techs and interns through a telepharmacy and surveillance system
 - Verify each prescription and drug dispensed through visual review, barcoding, and any other technology
 - Offer to provide patient counseling
 - Cannot be located more than 50 miles from the remote pharmacy
- *May increase to a maximum of two with Board approval

New Pharmacist Administered Injectables

- Addiction treatment drug in long-acting or extended-release form
- HIV treatment or prevention drug in long-acting or extended-release form
- Antibiotics
- Denosumab or romosozumab
- Methotrexate for non-emergent conditions
- Heparin, low molecular weight heparin, and factor Xa inhibitors

Computer Generated Faxes for TPNs

- On 11/3/25, the Ohio Board of Pharmacy approved a resolution permitting the transmission of prescriptions for compounded TPNs for dispensing by a pharmacy via an electronic system that converts the prescription into a computer-generated fax or scanned image.

Mobile Clinics

The following may operate a mobile unit to dispense without a fixed location:

- a) Non-profit organization or association
- b) A for-profit entity whose purpose is to provide services to patients needing treatment for substance use disorder, a mental health condition, and any related medical issue

Mobile Clinics

- 1) If no health care professional is present when transporting drugs, all drugs must be secured with physical locks.
- 2) When dispensing drugs, a pharmacist must be present on the premises and the mobile must be under their control. When personally furnishing drugs, a prescriber must be present on the premises and the mobile must be under their control.

Mobile Clinics

- 3) Unless the mobile unit is stored in a locked garage with access control, no drugs can be left in the mobile unit during the hours it is not in operation.
- 4) If the drugs have already been dispensed, they must be in full and actual charge of a licensed or registered health care professional.

Duty to Report

- New Rules Effective 3/1/25
- OAC 4729:1-4-02
- Conduct issues must be reported no later than 10 days from discovery
- Guidance Document: www.pharmacy.ohio.gov/PharmReport
- Evidence: Direct observation or objective evidence

Duty to Report

- Conduct indicating that an individual licensed by the Board (pharmacist, tech or intern) is practicing pharmacy while physically or mentally impaired by alcohol, drugs, or other chemical substances or impaired to such a degree as to render the individual unfit to carry out their professional duties.
- There are exceptions for those receiving treatment.

Duty to Report

- Conduct by a pharmacist, tech or intern that constitutes unprofessional conduct or dishonesty
- Unprofessional Conduct: Conduct that endangers the health, safety, and welfare of a patient or client. Examples: coercion, intimidation, harassment, sexual harassment, improper use of private information, threats, degradation of character, indecent or obscene conduct, and theft.

Duty to Report

- Dishonesty: Making any statement that deceives, misrepresents or misleads, or be a party to or an accessory to any fraudulent or deceitful practice or transaction in the practice of pharmacy or operation or conduct of a pharmacy
- Self-report - Pharmacists, interns, and techs must self-report within 10 days any of the following: criminal convictions, entry into a diversion program or deferred prosecution, any felony arrest, disciplinary action by another state, etc.

Cases

Case: Does a technician working in a hospital have to have their title on their badge or name tag?

Case: A nurse returns a partially used vial of hydromorphone injectable from the floor of the hospital to the pharmacy. Can the pharmacy “waste it”?

Cases

Case: A dentist is doing a rotation at the Beachside Medical Center with the Beachside Internal Medicine as part of a structured academic fellowship. During rounds with the internal medicine team, a patient needs an order written for amlodipine 5mg. The attending physician is on these rounds. The dentist writes this order. Can the hospital pharmacist dispense it?

Cases

Case: Can a nurse practitioner working in a Kroger minute clinic write a prescription for hydrocodone 10mg/acetaminophen 325mg?

Case: Can a dentist write a prescription for oxycodone 5mg/acetaminophen 325mg for her husband for dental pain?

Cases

Case: Which schedule(s) of controlled substances have to be locked in a safe?

Case: A patient's physician dies and the patient still has 3 refills of furosemide 40mg, one daily on a prescription. How much can the pharmacist dispense?

Cases

Case: A patient's physician dies and the patient still has 3 refills of tramadol 50mg, 1 Q6h, #30 on a prescription. How much can the pharmacist dispense?

Case: What schedule(s) of controlled substances must be prescribed electronically?

Cases

Case: Can a pharmacist in Cincinnati, OH enter into a collaborative practice agreement with a physician in Kentucky?

Case: Can an intern counsel patients on a meds to beds program in a hospital without the pharmacist being in the room?

Cases

Case: An intern is sent to the 4th floor of the hospital to counsel a patient on their discharge medications. The pharmacist is on the 1st floor. Is this legal?

Case: A nurse leaves medication for a patient at Riverside Hospital to “take as they need it”. It is provided in unit-dose form. Is this legal?

Cases

Case: ABC Hospital sends a patient order for a TPN to CAPS Pharmacy in Cleveland, Ohio for a patient. CAPS makes the TPN, labels it, and ships it to ABC to administer to its patient. Is this legal?

Case: Can patients from the ED pick up prescriptions from a hospital self-service kiosk?

Cases

Case: Can an inpatient pharmacy continue therapy for patient who comes into the hospital on methadone for OUD?

Case: Can a registered technician do sterile compounding?

Case: Can I count the same hour of CE for Ohio and Kentucky?

References

OAC 4729:5-5-04
ORC 4729.554
OAC 4729:5-18-04
OAC 4729:1-3-03
OAC 4729:5-5-26
OAC 4729:5-3-23
OAC 4729:5-5-12

Questions??????