



Board of Pharmacy

INSPECTION GUIDE

Terminal Distributor of Dangerous Drugs

Opioid Treatment Program

Updated 3/27/2026

To review updates, please see the [update history](#) section at the end of this document.

This document is reference material for licensees and applicants. The document does not bind the Ohio Board of Pharmacy, and does not confer any rights, privileges, benefits, or immunities for or on any person, applicant or licensee.

Applicability

This guide applies only to locations licensed as terminal distributor of dangerous drugs that meet the following definition of a “opioid treatment program” in rule [4729:5-21-01](#) of the Ohio Administrative Code:

"Opioid Treatment Program" or "OTP" means a facility that is licensed as a terminal distributor of dangerous drugs in accordance with section 4729.54 of the Revised Code and holds, or is in the process of applying for, a valid certification from the substance abuse and mental health services administration of the United States department of health and human services pursuant to 42 CFR 8.11 (3/17/2025). An OTP does not include office-based opioid treatment performed in accordance with rule 4731-33-03 of the Administrative Code.

REMINDER: This inspection guide **does not apply** to pharmacies, institutional facilities, or any of the following license types that have their own corresponding chapter of the Ohio Administrative Code:

- Pain Management Clinics – 4729:5-11
- First Aid Departments – 4729:5-13
- Emergency Medical Services – 4729:5-14
- Animal Shelters – 4729:5-15
- Laboratories – 4729:5-16
- Clinic and Prescriber Offices – 4729:5-19
- Veterinary Clinics – 4729:5-20
- Non-limited Facilities – 4729:5-22
- Limited Facilities – 4729:5-23

Inspection Authority

Pursuant to section [3719.13](#) of the Revised Code and rule [4729:5-3-03](#) of the Administrative Code, a location licensed by the State Board of Pharmacy as a terminal distributor of dangerous drugs is subject to an on-site inspection by the Board. An authorized Board agent may, without notice, carry out an on-site inspection or investigation of an entity licensed by the Board.

Upon verification of the Board agent's credentials, the agent shall be permitted to enter the licensed entity.

Submission of an application for a license as a terminal distributor of dangerous drugs with the State Board of Pharmacy constitutes permission for entry and on-site inspection by an authorized Board agent.

After the completion of the inspection, the authorized Board agent will provide an inspection report for review and any corrective actions required. If the inspection report requires a written response, responses must be mailed within 30 days of the inspection to writtenresponse@pharmacy.ohio.gov.

Applicable Rules

The following provides a general list of rule chapters that apply to opioid treatment programs licensed as terminal distributor of dangerous drugs:

- **[4729:5-1 – Definitions](#)**
- **[4729:5-2 – Licensing](#)**
- **[4729:5-3 – General Terminal Distributor Provisions](#)**
- **[4729:5-4 – Disciplinary Actions](#)**
- **4729:5-21 – Opioid Treatment Programs**
 - [4729:5-21-01](#) – Opioid treatment programs – definitions.
 - [4729:5-21-02](#) – Personally furnishing dangerous drugs from an opioid treatment facility.
 - [4729:5-21-03](#) – Security and control of dangerous drugs.
 - [4729:5-21-04](#) – Record Keeping.
 - [4729:5-21-05](#) – Mobile opioid treatment programs.

Health Insurance Portability and Accountability Act (HIPAA)

Upon inspection, Board staff may ask to review patient records to determine compliance with Ohio laws and rules. To address concerns regarding compliance with HIPAA, the Board has developed the following FAQ to assist licensees.

What is HIPAA?

- HIPAA is a federal [privacy rule](#) created to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically.

Why does the HIPAA privacy rule not apply to the Ohio Board of Pharmacy?

- HIPAA applies to health plans, health clearinghouses, and to any health care provider who transmits health information in electronic form in connection with a transaction for which the Secretary of HHS has adopted standards under HIPAA, known as “covered entities” and to their business associates.
 - The Board of Pharmacy does not fit the definition of a covered entity because:
 - 1) The Board does not provide or pay for the cost of medical care;
 - 2) The Board is not a health care provider; and
 - 3) The Board does not process health information on behalf of other organizations (billing, community health management information systems, etc.).
- In addition, the Board is not considered a “business associate” because it does not perform activities on behalf of or provide services to a covered entity (as described in 1-3 above) that involves the use or disclosure of identifiable health information.
- Examples of a business associate include, but are not limited to, the following: third-party administrators that assist with claims processing or a consultant that performs utilization review for a hospital.

How can a Licensee be assured the Board will protect patient information?

- The Board's confidentiality statute, ORC [4729.23](#), provides that any information provided to the Board in the course of an investigation is confidential and is not a public record.
- In addition, there are exemptions in Ohio's Public Records law, that exempt medical records/patient information from being released in response to a public record request (ORC Section 149.43(A)(1)(a)).

For more information about the HIPAA Privacy Rule, visit: <https://www.hhs.gov/hipaa/for-professionals/privacy/index.html>

Positive Identification Guidance

"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:

- (1) A manual signature on a hard copy record;
- (2) A magnetic card reader;
- (3) A bar code reader;
- (4) A biometric method;
- (5) A proximity badge reader;
- (6) A board approved system of randomly generated personal questions;
- (7) 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
- (8) Other effective methods for identifying individuals that have been approved by the board.

NOTE: 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.

REMINDER: Positive identification should be at the conclusion of a drug transaction. For electronic systems, positive identification required at log-in does not document the specific drug transaction and causes other security problems. For example, a nurse does not document the administration of a medication when they log in to an electronic drug record keeping system.

Required Notifications or Document Submissions

Links to instructions and forms can be found in the table below and can also be accessed on the Board’s terminal distributor licensing page: <https://www.pharmacy.ohio.gov/Licensing/TDDD.aspx>

Ohio Board of Pharmacy rules require the following notifications to the Board:

Notification/Submission Requirement	How to Submit
<p><u>Change in Business Description</u> OAC 4729:5-2-03</p> <p>Any change in the ownership, business or trade name, category, or address of a terminal distributor of dangerous drugs requires a new application, required fee, and license. The new application and required fee shall be submitted within thirty days of any change in the ownership, business or trade name, category, or address.</p>	<p>A change of business description must be completed online using Ohio’s eLicense system.</p> <p>Instructions on submitting this information can be accessed here.</p>
<p><u>Discontinuation of Business</u> OAC 4729:5-2-04</p> <p>A terminal distributor of dangerous drugs who plans to discontinue business activities shall file a notice with the Board of Pharmacy. The notice shall be submitted, in a manner determined by the Board, within thirty days of discontinuation of business as a terminal distributor of dangerous drugs.</p>	<p>Requires submission of a Written Notice of Discontinuing Business Form.</p>
<p><u>Change of Responsible Person</u> OAC 4729:5-2-01</p> <p>A location licensed as a terminal distributor of dangerous drugs must have a responsible person at all times.</p> <p>When there is a change of responsible person, the Board must be notified within ten days of the effective date of the appointment of the new responsible person.</p>	<p>Requires submission of a Change of Responsible Person Request in eLicense Ohio.</p>
<p><u>Notification of Off-Site Records Storage</u> OAC 4729:5-21-04</p>	<p>Requires submission of an Off-Site Records Notification Form.</p>

<p>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.</p>	
<p><u>Theft or Significant Loss of Dangerous Drugs and Drug Documents</u> OAC 4729:5-3-02</p> <p>Licensees are required to report the theft or significant loss of dangerous drugs (controlled and non-controlled prescription drugs) and drug documents.</p>	<p>For more information on this requirement, the Board developed this guidance document.</p>
<p><u>Notification of Mobile Opioid Treatment Program</u> OAC 4729:5-21-05</p> <p>For any opioid treatment program intending to operate a mobile opioid treatment program, the licensee shall notify the local DEA office, in writing, its intent to do so, and the opioid treatment program must receive explicit written approval from the local DEA office prior to operating the mobile opioid treatment program.</p> <p>When submitting notification to the local DEA office, the opioid treatment program shall also notify the Board of Pharmacy.</p>	<p>Requires submission of a Mobile Clinic, Medication Unit, or Mobile OTP Satellite Form.</p>

Important Terms

- **“Dangerous drug”** means any of the following:
 - (1) Any drug to which either of the following applies:
 - (a) Under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is required to bear a label containing the legend "Caution: Federal law prohibits dispensing without prescription" or "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian" or any similar restrictive statement, or the drug may be dispensed only upon a prescription;
 - (b) Under Chapter 3715. or 3719. of the Revised Code, the drug may be dispensed only upon a prescription.
 - (2) Any drug that contains a schedule V controlled substance and that is exempt from Chapter 3719. of the Revised Code or to which that chapter does not apply;
 - (3) Any drug intended for administration by injection into the human body other than through a natural orifice of the human body;
 - (4) Any drug that is a biological product, as defined in section 3715.01 of the Revised Code.
- **"Distributor of dangerous drugs"** or "drug distributor" means the following persons licensed in accordance with section [4729.52](#) of the Revised Code:
 - (1) Wholesale distributors of dangerous drugs, including:
 - (a) Brokers; and
 - (b) Virtual wholesalers.
 - (2) Manufacturers of dangerous drugs.
 - (3) Outsourcing facilities.
 - (4) Third-party logistics providers.
 - (5) Repackagers of dangerous drugs.

- **"Readily retrievable"** means that records maintained in accordance with this division 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.
- **"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.
- **"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.

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Opioid Treatment Program - Inspection Guide

OAC = Ohio Administrative Code / ORC = Ohio Revised Code / CFR = Code of Federal Regulations

Licensing and Responsible Person

Question	Description / Guidance	Law/Rule
Have there been any changes in the facility's ownership, business name or trade name, category, or address without submitting a new application to the Board?	Any change in the ownership, business or trade name, category, or address of a terminal distributor of dangerous drugs requires a new application, required fee, and license. The new application and required fee shall be submitted within thirty days of any change in the ownership, business or trade name, category, or address.	OAC 4729:5-2-03
Does the responsible person match what is indicated in eLicense?	A location licensed as a terminal distributor of dangerous drugs must have a responsible person at all times. When there is a change of responsible person, the Board must be notified within ten days of the effective date of the appointment of the new responsible person. A change of responsible person form is available on the Board's website: https://www.pharmacy.ohio.gov/Licensing/TDDD.aspx .	OAC 4729:5-2-01

IMPORTANT REMINDER: OAC [5122-40-05](#) (B) includes specific requirements by the Ohio Department of Behavioral Health regarding the qualifications for a medical director of an opioid treatment program.

Personnel

Question	Guidance	Law/Rule
<p>If an advanced practice nurse or physician assistant is employed, is a physician employed by the clinic the employee's collaborating or supervising physician?</p>	<p>If yes, Board staff will review and confirm they have a valid standard of care arrangement or supervision agreement.</p> <p>For Advanced Practice Nurses: Prior to engaging in practice, a standard care arrangement shall be entered into with each physician or podiatrist with whom the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist collaborates. For the purpose of inspection, the agreement must include:</p> <p>(1) The signatures of each nurse, and each collaborating physician, or the physician's designated representative, or each podiatrist with whom the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist primarily collaborates indicating review of and agreement to abide by the terms of the standard care arrangement.</p> <p>(2) The date when the arrangement is initially executed;</p> <p>(3) The date of the most recent review of the arrangement;</p> <p>(4) The complete name, specialty and practice area, business address, and business phone number or number at which the individual can be reached at any time for:</p> <p>(a) Each collaborating physician or podiatrist with whom the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist</p>	<p>OAC 4729:5-2-01</p> <p>OAC 4723-8-04</p> <p>ORC 4730.19</p>

	<p>primarily collaborates and who is a party to the standard care arrangement; and</p> <p>(b) Each certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist who is a party to the standard care arrangement;</p> <p>(5) A statement of services offered by the certified nurse-midwife, certified nurse practitioner, or clinical nurse. For holders of a certificate to prescribe, there shall also be a description of the scope of prescriptive practice.</p> <p>For Physician Assistants: The agreement should clearly state that the supervising physician is legally responsible and assumes legal liability for the services provided by the physician assistant. It should also state the responsibilities of the supervising physician and those of the physician assistant, any limitations on the responsibilities to be fulfilled by the physician assistant, and the circumstances under which the physician assistant is required to refer a patient to the supervising physician. Both the supervising physician and physician assistant must sign the agreement.</p>	
<p>Have any licensed/registered employees at the facility with access to drug stock ever been disciplined by an Ohio licensing agency?</p>	<p>“Access to drug stock” includes not only physical access, but also any influence over the handling of dangerous drugs such as purchases, inventories, issuance of medical orders, etc. It does not include employees or contractors such as maintenance, janitorial, IT or other staff that may need limited supervised access to areas where dangerous drugs or D.E.A. controlled substance order forms are kept.</p>	<p>OAC 4729:5-1-01</p> <p>OAC 4729:5-4-01</p>

	<p>Disciplinary action means any of the following, regardless of whether the action occurred by formal proceeding, consent, settlement, or other agreement:</p> <ol style="list-style-type: none">(1) An action to revoke, suspend, restrict, limit, or refuse to grant or renew a license, registration, or certification;(2) A summary or emergency suspension of a license, registration or certification, of any length, and any subsequent revision to the action;(3) An administrative fine or money penalty, taken as a result of a formal proceeding, to include any fine or money penalty connected to the delivery of health care services or taken in conjunction with other adverse licensure, registration or certification actions, such as revocation, suspension, censure, reprimand, or probation;(4) An action to reprimand or place the license, registration, or certification holder on probation;(5) The issuance of a corrective action plan only if such issuance is in conjunction with other adverse licensure, registration or certification actions, such as revocation, suspension, reprimand, probation, or surrender;(6) The withdrawal of a renewal application for licensure, registration or certification while under investigation;(7) The non-renewal of a license, registration or certification while under investigation or to avoid an investigation;	
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	<p>(8) The surrender or other relinquishment of a license, registration or certification in lieu of a formal sanction against a person's license, registration or certificate, whether permanent or temporary;</p> <p>(9) In lieu of an adverse licensure, registration or certification action, a licensing agency issues a consent order in which a person agrees not to re-apply for a license, registration, or certification in the future;</p> <p>(10) An enforceable agreement not to practice or to be placed into inactive or other equivalent status while under investigation or in exchange for not conducting an investigation.</p> <p>NOTE: Licensee will be asked to provide the names of Ohio licensed/registered employees with access to drug stock to assist Board staff with verification.</p>	
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Patient Records and Drug Administration

Question	Guidance	Law/Rule
Does this site use a manual, computerized or combination of both to maintain drug records?	Describe what type of system (manual, electronic or both).	
If using a computerized record keeping system, does the system have effective security controls to prevent unauthorized access?	All computerized systems must contain security features to prevent unauthorized access. Such features may include unique user names and passwords, biometrics (i.e., fingerprint), or any other method that ensures only authorized users may obtain access. All methods for accessing electronic records must be user-specific (i.e., no shared user names or passwords).	OAC 4729:5-21-04
If using a computerized system, are records backed up daily to prevent against record loss?	Licensee should provide documentation demonstrating that computerized records are backed up daily.	OAC 4729:5-21-04
If using computerized record keeping system, is it stand-alone or able to be shared or accessed by another location?	If shared access, confirm that security features are in place to prevent unauthorized access from other locations.	OAC 4729:5-21-04
Does the licensee maintain records of drug	Records of drug administration must be maintained for at least three years from the date of last administration.	OAC 4729:5-21-04

<p>administration containing the required information?</p>	<p>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:</p> <p>(1) For non-controlled substance dangerous drugs: the identification of the health care professional administering the drug.</p> <p>(2) For controlled substance dangerous drugs: the positive identification of the health care professional administering the drug.</p> <p>Records of dangerous drugs administered which become a permanent part of the patient's medical record meet the requirements of the rule.</p> <p>NOTE: Board staff will review drug records to determine compliance.</p>	
<p>Are orders for the administration of dangerous drugs properly documented?</p>	<p>Records of dangerous drugs administered by a health care professional, acting within the professional's scope of practice, who is not a prescriber must include documentation of an order issued by a prescriber or protocol authorizing the administration of the drug.</p> <p>Orders for the administration of controlled substances shall be documented using positive identification.</p> <p>IMPORTANT: OAC 5122-40-06 (J)(1) states that methadone orders for medication assisted treatment shall only be valid for a maximum time period of ninety days.</p>	<p>OAC 4729:5-21-04</p> <p>OAC 5122-40-06</p>

	NOTE: Board staff will review drug records to determine compliance.	
Are medical assistants being used to administer drugs?	If yes, confirm that medical assistants are not administering anesthesia, controlled substances, or drugs administered intravenously.	OAC 4731-23-03
Are protocols being used to administer dangerous drugs?	<p>Protocols may only be used as follows:</p> <p>(1) The provision of medical services to individuals in an emergency situation when the services of a prescriber authorized by the revised code to prescribe dangerous drugs as part of their professional practice are not immediately available. An emergency situation may manifest itself by acute symptoms of sufficient severity that an authorized individual providing medical services under this paragraph could reasonably expect the absence of immediate medical attention to result in placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part. Examples of emergency situations include cases such as heart attacks, severe burns, hypoglycemia, extravasation, overdoses, cyanide poisonings, electrocutions, or severe asthmatic attacks;</p> <p>(2) The administration of biologicals (including monoclonal antibodies) or vaccines to individuals for the purpose of preventing diseases;</p>	OAC 4729:5-3-12

	<p>(3) The administration of vitamin K for prevention of vitamin K deficient bleeding in newborns;</p> <p>(4) The administration of erythromycin for prevention of ophthalmia neonatorum; and</p> <p>(5) The administration of influenza antiviral treatment and chemoprophylaxis to residents and health care personnel at an institutional facility, as defined in agency 4729 of the Administrative Code, according to current guidance issued by the United States center for disease control and prevention.</p> <p>If yes, Board staff will review protocols to ensure they meet the allowed uses and comply with the following:</p> <p>(1) Includes a description of the intended recipients to whom the drugs are to be administered; drug name and strength; instructions of how to administer the drug, dosage, and frequency; signature of a prescriber or some other form of positive identification; and date of signature.</p> <p>(2) Are maintained by the terminal distributor of dangerous drugs for a period of three years from the date of authorization or reauthorization following any modification or amendment.</p>	
<p>Are pre-printed orders used for the administration of dangerous drugs?</p>	<p>A "pre-printed order" means a patient specific and dose specific order for the administration of a specific drug or drugs prescribed by a licensed health care professional authorized to prescribe drugs.</p>	<p>OAC 4729:5-3-12</p>

	<p>If yes, Board staff will confirm the following:</p> <p>(1) A prescriber completes an assessment and make a diagnosis prior to initiating a pre-printed order in accordance with the prescriber's scope of practice.</p> <p>(2) The order contains the following information: the name of the patient; drug name and strength; specific instructions of how to administer the drug, dosage, and frequency; instructions of any patient specified dosage range based on objective measures such as calculations and patient physiologic data; signature of the prescriber or some other form of positive identification of the prescriber; and date of signature.</p>	
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Drug and Hypodermic Security

Question	Guidance	Law/Rule
Are schedule II controlled substances maintained in accordance with 21 CFR 1301.72?	<p>21 CFR 1301.72 states schedule II controlled substances must be stored in one of the following secured areas:</p> <p>(1) Where small quantities permit, a safe or steel cabinet:</p> <p>(i) Which safe or steel cabinet shall have the following specifications or the equivalent: 30 man-minutes against surreptitious entry, 10 man-minutes against forced entry, 20 man-hours against lock manipulation, and 20 man-hours against radiological techniques;</p> <p>(ii) Which safe or steel cabinet, if it weighs less than 750 pounds, is bolted or cemented to the floor or wall in such a way that it cannot be readily removed; and</p> <p>(iii) Which safe or steel cabinet, if necessary, depending upon the quantities and type of controlled substances stored, is equipped with an alarm system which, upon attempted unauthorized entry, shall transmit a signal directly to a central protection company or a local or State police agency which has a legal duty to respond, or a 24-hour control station operated by the registrant, or such other protection as the Administrator may approve.</p> <p>(2) A vault constructed before, or under construction on, September 1, 1971, which is of substantial construction with a steel door, combination or key lock, and an alarm system; or</p>	OAC 4729:5-21-03

	<p>(3) A vault constructed after September 1, 1971:</p> <p>(i) The walls, floors, and ceilings of which vault are constructed of at least 8 inches of reinforced concrete or other substantial masonry, reinforced vertically and horizontally with $\frac{1}{2}$-inch steel rods tied 6 inches on center, or the structural equivalent to such reinforced walls, floors, and ceilings;</p> <p>(ii) The door and frame unit of which vault shall conform to the following specifications or the equivalent: 30 man-minutes against surreptitious entry, 10 man-minutes against forced entry, 20 man-hours against lock manipulation, and 20 man-hours against radiological techniques;</p> <p>(iii) Which vault, if operations require it to remain open for frequent access, is equipped with a "day-gate" which is self-closing and self-locking, or the equivalent, for use during the hours of operation in which the vault door is open;</p> <p>(iv) The walls or perimeter of which vault are equipped with an alarm, which upon unauthorized entry shall transmit a signal directly to a central station protection company, or a local or State police agency which has a legal duty to respond, or a 24-hour control station operated by the registrant, or such other protection as the Administrator may approve, and, if necessary, holdup buttons at strategic points of entry to the perimeter area of the vault;</p> <p>(v) The door of which vault is equipped with contact switches; and</p>	
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	<p>(vi) Which vault has one of the following: Complete electrical lacing of the walls, floor and ceilings; sensitive ultrasonic equipment within the vault; a sensitive sound accumulator system; or such other device designed to detect illegal entry as may be approved by the Administration.</p>	
<p>Are schedule III through V controlled substances shall be maintained in accordance with 21 CFR 1301.72?</p>	<p>21 CFR 1301.72 states schedule III-V controlled substances must be stored in one of the following secured areas:</p> <p>(1) A safe or steel cabinet as described in paragraph (a)(1) of this section;</p> <p>(2) A vault as described in paragraph (a)(2) or (3) of this section equipped with an alarm system as described in paragraph (b)(4)(v) of this section;</p> <p>(3) A building used for storage of Schedules III through V controlled substances with perimeter security which limits access during working hours and provides security after working hours and meets the following specifications:</p> <p>(i) Has an electronic alarm system as described in paragraph (b)(4)(v) of this section,</p> <p>(ii) Is equipped with self-closing, self-locking doors constructed of substantial material commensurate with the type of building construction, provided, however, a door which is kept closed and locked at all times when not in use and when in use is kept under direct observation of a responsible employee or agent of the</p>	<p>OAC 4729:5-21-03</p>

	<p>registrant is permitted in lieu of a self-closing, self-locking door. Doors may be sliding or hinged. Regarding hinged doors, where hinges are mounted on the outside, such hinges shall be sealed, welded or otherwise constructed to inhibit removal. Locking devices for such doors shall be either of the multiple-position combination or key lock type and:</p> <p>(a) In the case of key locks, shall require key control which limits access to a limited number of employees, or;</p> <p>(b) In the case of combination locks, the combination shall be limited to a minimum number of employees and can be changed upon termination of employment of an employee having knowledge of the combination;</p> <p>(4) A cage, located within a building on the premises, meeting the following specifications:</p> <p>(i) Having walls constructed of not less than No. 10 gauge steel fabric mounted on steel posts, which posts are:</p> <p>(a) At least one inch in diameter;</p> <p>(b) Set in concrete or installed with lag bolts that are pinned or brazed; and</p> <p>(c) Which are placed no more than ten feet apart with horizontal one and one-half inch reinforcements every sixty inches;</p>	
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	<p>(ii) Having a mesh construction with openings of not more than two and one-half inches across the square,</p> <p>(iii) Having a ceiling constructed of the same material, or in the alternative, a cage shall be erected which reaches and is securely attached to the structural ceiling of the building. A lighter gauge mesh may be used for the ceilings of large enclosed areas if walls are at least 14 feet in height,</p> <p>(iv) Is equipped with a door constructed of No. 10 gauge steel fabric on a metal door frame in a metal door flange, and in all other respects conforms to all the requirements of 21 CFR 1301.72(b)(3)(ii), and</p> <p>(v) Is equipped with an alarm system which upon unauthorized entry shall transmit a signal directly to a central station protection agency or a local or state police agency, each having a legal duty to respond, or to a 24-hour control station operated by the registrant, or to such other source of protection as the Administrator may approve;</p> <p>(5) An enclosure of masonry or other material, approved in writing by the Administrator as providing security comparable to a cage;</p> <p>(6) A building or enclosure within a building which has been inspected and approved by DEA or its predecessor agency, BND, and continues to provide adequate security against the diversion of Schedule III through V controlled substances, of which fact written acknowledgment has been made by the Special Agent in Charge of DEA for the area in which such building or enclosure is situated;</p>	
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	<p>(7) Such other secure storage areas as may be approved by the Administrator after considering the factors listed in §1301.71(b);</p> <p>(8)(i) Schedule III through V controlled substances may be stored with Schedules I and II controlled substances under security measures provided by 21 CFR 1301.72(a);</p> <p>(ii) Non-controlled drugs, substances and other materials may be stored with Schedule III through V controlled substances in any of the secure storage areas required by 21 CFR 1301.72(b), provided that permission for such storage of non-controlled items is obtained in advance, in writing, from the Special Agent in Charge of DEA for the area in which such storage area is situated. Any such permission tendered must be upon the Special Agent in Charge's written determination that such non-segregated storage does not diminish security effectiveness for Schedules III through V controlled substances.</p>	
Is access to controlled substances limited to prescribers, pharmacists, and nurses?	Only prescribers, pharmacists, and nurses licensed under Chapter 4723. of the Revised Code may have access to controlled substances.	OAC 4729:5-21-03
Are persons enrolled in an opioid treatment program required to wait in an area physically separated from the drug storage and preparation areas?	Persons enrolled in an opioid treatment program will be required to wait in an area physically separated from the drug storage and preparation areas. This requirement shall be enforced by the responsible person and program employees.	OAC 4729:5-21-03 21 CFR 1301.75

<p>Are non-controlled dangerous drugs maintained under appropriate supervision and control?</p>	<p>During normal business hours, non-controlled dangerous drugs shall not be stored in areas where members of the public are not supervised by individuals authorized to administer such drugs.</p> <p>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.</p> <p>NOTE: Generally, non-controlled dangerous drugs must be maintained under the supervision of staff (i.e. patients and the general public should not have unsupervised access to dangerous drugs).</p> <p>By law, staff (i.e. medical assistants) are usually permitted (if delegated by a prescriber) to administer most dangerous drugs. Exclusions to this include anesthesia, controlled substances, and drugs administered intravenously.</p> <p>If dangerous drugs cannot be maintained under the supervision of staff authorized to administer such drugs during normal business hours, the drugs must be secured to prevent unauthorized access. Effective controls to secure non-controlled drugs from unauthorized access may include any of the following: a locked drawer, filing cabinet, safe, lock box, or any other method that can be locked to prevent unauthorized access.</p>	<p>OAC 4729:5-21-03</p> <p>OAC 4729:5-3-14</p>
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	<p>For non-business hours, the goal is to ensure the facility can be secured to prevent unauthorized access (i.e. individuals who are not employed by the licensee).</p>	
<p>Are hypodermics maintained under appropriate supervision and control?</p>	<p>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.</p> <p>During non-business hours, hypodermics must 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.</p> <p>NOTE: Generally, hypodermics should be maintained under the supervision of staff. By law, staff (i.e., medical assistants) are permitted to administer injections.</p> <p>For non-business hours, the goal is to ensure the facility can be secured to prevent unauthorized access (i.e., individuals who are not employed by the licensee).</p> <p>REMINDER: Ohio law (ORC 3719.172) requires reasonable precautions to prevent any hypodermic in the person's possession from theft or acquisition by any unauthorized person.</p>	<p>OAC 4729:5-21-03</p> <p>ORC 3719.172</p>

Drug Storage and Temperature Control

Question	Guidance	Law/Rule
Are areas where dangerous drugs are stored dry, well-lit, well-ventilated, and maintained in a clean and orderly condition?	All areas where dangerous drugs are stored must be dry, well-lit, well-ventilated, and maintained in a clean and orderly condition.	OAC 4729:5-21-03
Are storage areas maintained at temperatures and conditions which will ensure the integrity of the drug stock?	<p>Storage areas must 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.</p> <p>There is not a requirement for monitoring room temperature, however, Board staff may document temperature readings if storage areas are excessively hot or cold.</p>	OAC 4729:5-21-03
Are refrigerators and/or freezers used for the storage of drugs maintained at the proper temperature?	<p>The facility must maintain either of the following to ensure proper refrigeration and/or freezer temperatures are maintained:</p> <p>(1) Temperature logs with, at a minimum, daily observations; or</p> <p>(2) A temperature monitoring system capable of detecting and alerting staff of a temperature excursion.</p> <p>Records of temperature control monitoring for refrigerators and freezers used for the storage of drugs must include any of the following:</p>	<p>OAC 4729:5-21-03</p> <p>OAC 4729:5-21-04</p>

	<p>(1) For temperature logs, either:</p> <p>(a) The date and time of observation, the full name or the initials of the individual performing the check, and the temperature recorded; or</p> <p>(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.</p> <p>(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.</p> <p>NOTE: A licensee may select the appropriate method for monitoring temperature (i.e., electronic, manual, etc.). Temperature readings should be available for review by Board staff.</p>	
<p>Does the licensee have a policy to respond to any out of range individual temperature readings or excursions to ensure the integrity of stored drugs?</p>	<p>A licensee is required to 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.</p> <p>The policy should be made available for review upon inspection and should describe, at a minimum, all the following:</p> <ul style="list-style-type: none"> ▪ The actions to be taken in the event of temperature excursions outside the labelled storage conditions. 	<p>OAC 4729:5-21-03</p>

	<ul style="list-style-type: none"> ▪ The process for appropriately investigating, documenting, and assessing temperature excursions outside the labelled storage conditions to ensure the integrity of the drug stock (for example, stability data or technical justification). 	
<p>Are refrigerators and/or freezers used for the storage of drugs free of food or beverage products?</p>	<p>A licensee is required to develop and implement a policy that no food or beverage products are permitted to be stored in refrigerators or freezers used to store drugs.</p> <p>The policy should be made available for review upon inspection and all refrigerators and freezers used for drug storage will be examined to ensure compliance.</p> <p>NOTE: Facilities may keep unopened bottled water in the refrigerator doors to help maintain consistent temperatures.</p>	<p>OAC 4729:5-21-03</p>

Theft or Significant Loss of Drugs and Drug Documents

Question	Guidance	Law/Rule
<p>Has the licensee experienced any theft or significant loss of any dangerous drugs in the past twenty-four months?</p>	<p>A licensee is required to notify the Board of any theft or significant loss of dangerous drugs (controlled and non-controlled prescription drugs) immediately upon discovery of the theft or significant loss. This includes dangerous drugs in transit that were either shipped from or to a prescriber, terminal distributor, or drug distributor.</p> <p>In addition to the initial notification requirements, a licensee is required to submit a detailed report of the theft or significant loss to the Board using the online portal within thirty days following the discovery of such theft or significant loss.</p> <p>REMINDER: For more information on reporting theft or loss, visit: www.pharmacy.ohio.gov/theft</p>	<p>OAC 4729:5-3-02</p>
<p>Has the licensee experienced any theft or loss of uncompleted prescription blank(s), written prescription order(s) not yet dispensed, or D.E.A. controlled substance order forms in the past twenty-four months?</p>	<p>A licensee is required to report, immediately upon discovery, to the Board any theft or loss of uncompleted prescription blank(s) used for writing a prescription, D.E.A. controlled substance order forms (Form 222), written prescription order(s) not yet dispensed, and original prescription order(s) that have been dispensed.</p> <p>In addition to the initial notification requirements, a licensee is required to submit a detailed report of the theft or loss to the Board using the online portal within thirty days following the discovery of such theft or loss.</p>	<p>OAC 4729:5-3-02</p>

	<p>NOTE: Unlike dangerous drugs, drug documents do not have a significant loss threshold. Therefore, all losses (in addition to thefts) must be reported to the Board.</p> <p>REMINDER: For more information on reporting theft or loss, visit: www.pharmacy.ohio.gov/theft</p>	
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Orders for Schedule II Controlled Substances

Question	Guidance	Law/Rule
<p>Are all executed DEA Forms 222 retained for at least three years?</p>	<p>21 CFR 1305.17 requires executed DEA Forms 222 must be maintained separately from all other records of the registrant. Ohio regulations require these records to be retained for at least three years.</p>	<p>OAC 4729:5-21-04</p>
<p>Are DEA Forms 222 secured when not in use?</p>	<p>Personnel authorized by the responsible person may have access to D.E.A. controlled substance order forms (DEA Form 222) only under the personal supervision of a prescriber.</p> <p>D.E.A. controlled substance order forms (DEA Form 222) must be secured when not in use. This may include the following: a locked drawer, filing cabinet, safe, lock box, lockable bag, or any other method that can be locked to prevent unauthorized access.</p> <p>NOTE: Individuals granted power of attorney to sign DEA 222 Forms may have unsupervised access to DEA 222 Forms if a terminal distributor of dangerous drugs complies with the requirements of 21 CFR 1305.05. Licensees should have the required power of attorney forms available for inspection.</p>	<p>OAC 4729:5-21-03</p>

Controlled Substance Inventory

Question	Guidance	Law/Rule
Does the licensee conduct an annual inventory of controlled substances?	<p>All Category III licensees must complete an annual inventory even if <u>drugs are not on-site</u> (zero balance). Records of inventories must be maintained for at least three years.</p> <p>Inventories must follow the process for conducting a DEA controlled substance inventory.</p> <p>Each inventory must contain a complete and accurate record of all controlled substances on hand the date the inventory is conducted.</p> <p>IMPORANT: According to the DEA, controlled substances shall be deemed to be “on hand” if they are in the possession of or under the control of the TDDD, including controlled substances that are personally furnished but not yet distributed to the patient (e.g., prescriptions waiting to be picked up or administered), complimentary samples, and expired or adulterated controlled substances awaiting disposal.</p> <p>The inventory must have the names of the controlled substances, each finished form, the number of units, and/or the number of commercial containers of each finished form.</p> <p>If listed in Schedules I or II, make an exact count or measure of the contents.</p>	OAC 4729:5-3-07

	<p>If listed in Schedule III, IV, or V, make an estimated count or measure of the contents, unless the container holds more than 1,000 tablets or capsules in which case the licensee must make an exact count of the contents.</p> <p>NOTE: The annual inventory may be taken on any date which is within thirteen months of the previous inventory date.</p> <p>Board staff will review records to determine compliance.</p>	
<p>How does the licensee monitor its inventory of controlled substances?</p>	<p>Board staff will review and document how the licensee monitors its inventory of controlled substances (e.g. daily count, perpetual inventory, etc.).</p>	

Drug Purchases and Online Sales

Question	Guidance	Law/Rule
<p>Does the licensee maintain complete and accurate records of drugs purchased?</p>	<p>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.</p> <p>Records must be maintained for a period of three years.</p> <p>Board staff will review records of receipt to determine compliance.</p>	<p>OAC 4729:5-21-04</p>
<p>Has the licensee performed and documented an annual query of eLicense prior to purchasing drugs at wholesale?</p>	<p>Before a terminal distributor of dangerous drugs may purchase dangerous drugs at wholesale (including samples), the terminal distributor shall query the Board's online roster to confirm any of the following:</p> <p>(1) The seller is licensed to engage in the sale of dangerous drugs in accordance with section 4729.52 of the Revised Code (i.e. wholesaler, manufacturer, repackager, outsourcing facility or 3PL); or</p> <p>(2) The seller is licensed to engage in the occasional sale or distribution of dangerous drugs at wholesale in accordance with rule 4729:5-3-09 of the Administrative Code (i.e. pharmacies or other terminal distributors).</p>	<p>OAC 4729:5-3-04</p>

	<p>If a licensed terminal distributor of dangerous drugs conducts a documented query at least annually and relies on the results of the query in purchasing dangerous drugs, the terminal distributor shall be deemed not to have violated section 4729.51 of the Revised Code in making the purchase.</p> <p>NOTE: Except for veterinary drugs (OAC 4729:7-2-05), compounded drugs used for office-stock can no longer be ordered from compounding pharmacies.</p> <p>Documented queries must be maintained for three years. Board staff will review drug invoices and compare to documented queries of eLicense.</p>	
<p>Does the licensee sell or offer to sell dangerous drugs on its website?</p>	<p>If yes, Board staff will confirm that the licensee is using a pharmacy or service that maintains accreditation as a digital pharmacy from the National Association of Boards of Pharmacy.</p> <p>A list of digital pharmacy accreditations can be accessed here.</p> <p>NOTE: This requirement does not apply to a licensee using online services to distribute naloxone.</p>	<p>OAC 4729:5-3-08</p>

Drug Disposal

Question	Guidance	Rule/Law
Does the licensee dispose of controlled substances on-site using a method that renders the drug non-retrievable?	<p>Any person legally authorized under Chapters 3719. and 4729. of the Revised Code to possess dangerous drugs which are controlled substances shall dispose of such drugs in accordance with 21 C.F.R. 1317 (1/1/2016). The method of destruction must render the dangerous drugs which are controlled substances to a state of non-retrievable. Records of controlled substance destruction that are required pursuant to 21 C.F.R. 1304 (1/1/2016) shall be maintained for a minimum of three years and made available to the board of pharmacy upon request.</p> <p>"Non-retrievable" means the condition or state to which a controlled substance shall be rendered following a process that permanently alters that controlled substance's physical or chemical condition or state through irreversible means and thereby renders the dangerous drugs which are controlled substances unavailable and unusable for all practical purposes. The process to achieve a non-retrievable condition or state may be unique to a substance's chemical or physical properties. A dangerous drug which is a controlled substance is considered non-retrievable when it cannot be transformed to a physical or chemical condition or state as a controlled substance or controlled substance analogue. The purpose of destruction is to render the controlled substance(s) to a non-retrievable state and thus prevent diversion of any such substance to illicit purposes.</p> <p>NOTE: Per the Drug Enforcement Administration, flushing (i.e. drain or toilet) does not meet the definition of non-retrievable.</p>	OAC 4729:5-3-01

	A licensee is responsible for maintaining documentation demonstrating that the method of disposal meets the requirement to render controlled substances non-retrievable.	
Does the licensee use a reverse distributor for the disposal of controlled substances?	If yes, Board staff will document the name of the reverse distributor.	
Does the licensee maintain complete and accurate records of the disposal of controlled substances?	<p>A licensee must use a DEA Form 41 to document the disposal of controlled substances.</p> <p>NOTE: Use of the DEA Form 41 does not apply to the disposal of an unused portion of a controlled substance resulting from administration to a patient from a licensee's stock or emergency supply.</p> <p>If the disposal of controlled substance drug inventory is performed on-site, records shall also include the positive identification on the DEA Form 41 of two licensed healthcare professionals (nurses, physicians, pharmacists, etc.) conducting and witnessing the disposal, one of whom shall be the responsible person or the responsible person's designee.</p> <p>All records must be maintained for a period of three years.</p> <p>Board staff will review records of disposal to determine compliance.</p>	<p>OAC 4729:5-3-01</p> <p>OAC 4729:5-21-04</p>

<p>Does the licensee maintain complete and accurate records of the disposal of unused portions of controlled substances resulting from patient administration?</p>	<p>Records must include the name of the drug, the quantity disposed, the date and manner of disposal, and the positive identification of two licensed healthcare professionals (nurses, physicians, etc.) conducting and witnessing the disposal.</p> <p>Documentation may be maintained in the patient record (i.e., with administration record).</p> <p>The disposal method does not have to render the unused portion of the drug non-retrievable.</p> <p>All records must be maintained for a period of three years.</p> <p>Board staff will review records of disposal to determine compliance.</p>	<p>OAC 4729:5-3-01</p> <p>OAC 4729:5-21-04</p>
<p>Does the licensee dispose of non-controlled drugs using a method that prevents the possession or use of the drugs by unauthorized persons?</p>	<p>Methods of disposal of non-controlled dangerous drugs must prevent the possession or use of the drugs by unauthorized persons.</p>	<p>OAC 4729:5-3-06</p>
<p>Does the licensee maintain complete and accurate records of the disposal of non-controlled dangerous drugs?</p>	<p>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 person that performed the disposal.</p>	<p>OAC 4729:5-21-04</p>

	<p>NOTE: This does not apply to wastage from administration. For non-controlled drugs, such documentation is not required.</p> <p>All records must be maintained for a period of three years.</p> <p>To assist licensees in complying with the record keeping requirements for the disposal of non-controlled drugs from inventory, the Board developed a sample form that can be accessed by visiting: www.pharmacy.ohio.gov/NCdispose</p> <p>Board staff will review records of disposal to determine compliance.</p> <p>REMINDER: Documentation is required for the disposal of any patient-specific dangerous drugs maintained for on-site administration.</p>	
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Drug Collection Receptacles

Question	Guidance	Rule/Law
<p>Does the licensee operate a drug collection receptacle to collect pharmaceutical controlled substances from ultimate users?</p>	<p>If yes, Board staff will review documentation to confirm the licensee has modified its Drug Enforcement Administration registration to become an authorized collector. Modification to a DEA registration may also be confirmed online: www.pharmacy.ohio.gov/collectors.</p> <p>21 CFR 1317.40 requires narcotic treatment programs (also known as opioid treatment programs) that desire to be collectors shall modify their registration to obtain authorization to be a collector in accordance with 21 CFR 1301.51.</p>	<p>21 CFR 1317.40 [as required by OAC 4729:10-1-02 (A)]</p>
<p>Is the collection receptacle stored in a room that does not contain any other controlled substance and is securely locked with controlled access?</p>	<p>A collection receptacle must be located in a room that does not contain any other controlled substances and is securely locked with controlled access.</p>	<p>21 CFR 1317.40 [as required by OAC 4729:10-1-02 (A)]</p>
<p>Does the collection receptacle meet the required design specifications?</p>	<p>A controlled substance collection receptacle shall meet the following design specifications:</p> <p>(1) Be securely fastened to a permanent structure so that it cannot be removed.</p> <p>(2) Be a securely locked, substantially constructed container with a permanent outer container and a removable inner liner.</p>	<p>21 CFR 1317.40 [as required by OAC 4729:10-1-02 (A)]</p> <p>OAC 4729:10-1-02</p>

	<p>(3) The outer container shall include a small opening that allows contents to be added to the inner liner, but does not allow removal of the inner liner's contents.</p> <p>(4) The outer container shall prominently display a sign indicating that only Schedule II-V controlled and non-controlled substances, if a collector chooses to comingle substances, are acceptable substances. The signage must also indicate that the following are not acceptable: medical sharps and needles (e.g., insulin syringes), iodine-containing medications, mercury-containing thermometers, radiopharmaceuticals, antineoplastic agents (cancer chemotherapy drugs, cytotoxic drugs), and compressed cylinders or aerosols (e.g., asthma inhalers).</p> <p>(5) The installation and removal of the inner liner of the collection receptacle shall be performed by or under the supervision of at least two employees of the authorized collector.</p> <p>REMINDER: Unlike drug collection receptacles in a pharmacy and a long-term care facility, DEA regulations specifically state that collection receptacles in OTPs are not required to have a small opening in the outer container of the collection receptacle shall be locked or made otherwise inaccessible to the public when an employee is not present.</p>	
<p>Are sealed inner liners containing drugs collected by an opioid treatment program stored in a manner</p>	<p>21 CFR 1317.05 requires all inner liners and contents to be securely stored at the collector's registered location in a manner consistent with rules for Schedule II controlled substances until prompt destruction can occur.</p>	<p>21 CFR 1317.05 [as required by OAC 4729:10-1-02 (A)]</p>

<p>consistent with the security requirements for Schedule II controlled substances?</p>	<p>21 CFR 1301.72 states schedule II controlled substances must be stored in one of the following secured areas:</p> <p>(1) Where small quantities permit, a safe or steel cabinet:</p> <p>(i) Which safe or steel cabinet shall have the following specifications or the equivalent: 30 man-minutes against surreptitious entry, 10 man-minutes against forced entry, 20 man-hours against lock manipulation, and 20 man-hours against radiological techniques;</p> <p>(ii) Which safe or steel cabinet, if it weighs less than 750 pounds, is bolted or cemented to the floor or wall in such a way that it cannot be readily removed; and</p> <p>(iii) Which safe or steel cabinet, if necessary, depending upon the quantities and type of controlled substances stored, is equipped with an alarm system which, upon attempted unauthorized entry, shall transmit a signal directly to a central protection company or a local or State police agency which has a legal duty to respond, or a 24-hour control station operated by the registrant, or such other protection as the Administrator may approve.</p> <p>(2) A vault constructed before, or under construction on, September 1, 1971, which is of substantial construction with a steel door, combination or key lock, and an alarm system; or</p> <p>(3) A vault constructed after September 1, 1971:</p>	
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	<p>(i) The walls, floors, and ceilings of which vault are constructed of at least 8 inches of reinforced concrete or other substantial masonry, reinforced vertically and horizontally with 1/2-inch steel rods tied 6 inches on center, or the structural equivalent to such reinforced walls, floors, and ceilings;</p> <p>(ii) The door and frame unit of which vault shall conform to the following specifications or the equivalent: 30 man-minutes against surreptitious entry, 10 man-minutes against forced entry, 20 man-hours against lock manipulation, and 20 man-hours against radiological techniques;</p> <p>(iii) Which vault, if operations require it to remain open for frequent access, is equipped with a "day-gate" which is self-closing and self-locking, or the equivalent, for use during the hours of operation in which the vault door is open;</p> <p>(iv) The walls or perimeter of which vault are equipped with an alarm, which upon unauthorized entry shall transmit a signal directly to a central station protection company, or a local or State police agency which has a legal duty to respond, or a 24-hour control station operated by the registrant, or such other protection as the Administrator may approve, and, if necessary, holdup buttons at strategic points of entry to the perimeter area of the vault;</p> <p>(v) The door of which vault is equipped with contact switches; and</p> <p>(vi) Which vault has one of the following: Complete electrical lacing of the walls, floor and ceilings; sensitive ultrasonic equipment within the</p>	
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	vault; a sensitive sound accumulator system; or such other device designed to detect illegal entry as may be approved by the Administration.	
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Personally Furnishing

Question	Guidance	Rule/Law
<p>Does the licensee personally furnish any dangerous drugs to patients?</p>	<p>Are dangerous drugs, including any drug samples, personally furnished to patients?</p> <p>Board staff will document the types of drugs personally furnished by the licensee.</p> <p>REMINDER: A prescriber at an opioid treatment program may delegate the act of personally furnishing to a pharmacist or nurse. [OAC 4729:5-21-02 (F)]</p>	<p>OAC 4729:5-21-02</p>
<p>If personally furnishing controlled substances, list the controlled substances the licensee has in stock with dosage forms.</p>	<p>If yes, Board staff will document the controlled substances that the licensee has on hand with dosage forms.</p>	<p>OAC 4729:5-21-02</p>
<p>Are non-sample drugs that are personally furnished to patients properly labeled?</p>	<p>Drugs personally furnished to a patient must be labelled and packaged in accordance with state and federal drug laws and rules and regulations adopted pursuant to those laws.</p> <p>A prescriber who personally furnishes a dangerous drug, other than a sample drug pursuant to section 3719.81 of the Revised Code, must affix to the container a label showing:</p> <p>(1) The name and address of the prescriber;</p>	<p>OAC 4729:5-21-02</p>

	<p>(2) The name of the patient for whom the drug is intended;</p> <p>(3) Name and strength of the drug;</p> <p>(4) Directions for use;</p> <p>(5) Date furnished; and</p> <p>(6) If a compounded drug, the statement "Compounded Drug" or other similar statement shall also be displayed prominently on the label.</p>	
<p>Are sample drugs that are personally furnished to patients properly labeled?</p>	<p>A prescriber who personally furnishes a dangerous drug labeled as a sample and where the directions for use are different from the directions on or in the sample container must affix a label to the sample container or provide written documentation accompanying the sample that includes the following:</p> <p>(1) The name of the prescriber;</p> <p>(2) The name of the patient for whom the drug is intended; and</p> <p>(3) Directions for use.</p> <p>Board staff will review labels to confirm compliance.</p> <p>"Sample" means a dangerous drug or pharmaceutical preparation that would be hazardous to health or safety if used without the</p>	<p>OAC 4729:5-21-02</p>

	<p>supervision of a licensed health professional authorized to prescribe drugs, or a drug of abuse, and that, at one time, had been placed in a container plainly marked as a sample by a manufacturer. Except as provided in paragraph (E) of this rule, samples may only be provided to and furnished by a licensed prescriber as defined in rule 4729:5-1-02 of the Administrative Code in accordance with paragraph (B) of this rule.</p>	
<p>Are medical assistants preparing and packaging drugs to be personally furnished?</p>	<p>A prescriber may designate an unlicensed person, under the personal supervision of a prescriber or pharmacist, to prepare and package a dangerous drug that will be personally furnished. An unlicensed person shall not prepare and package controlled substances.</p> <p>Pursuant to rule 4729:7-3-04 of the Administrative Code, a prescriber shall not personally furnish immediate-used compounded drug preparations.</p>	<p>OAC 4729:5-21-02</p>
<p>Are drugs that will be personally furnished prepared and packaged under the personal supervision of a prescriber or pharmacist?</p>	<p>A prescriber may designate a licensed health care professional acting within the scope of the professional's practice and, under the personal supervision of a prescriber or pharmacist, to prepare and package a dangerous drug that will be personally furnished by the prescriber or a pharmacist.</p> <p>NOTE: This does not apply to the following:</p> <p>(a) Methadone for the purpose of treating drug dependence or addiction; or</p>	<p>OAC 4729:5-21-02</p>

	<p>(b) Buprenorphine for the purpose of treating drug dependence or addiction.</p> <p>A prescriber may designate an unlicensed person, under the personal supervision of a prescriber or pharmacist, to prepare and package a dangerous drug that will be personally furnished by the prescriber or a pharmacist. An unlicensed person shall not prepare and package any controlled substances.</p> <p>Pursuant to rule 4729:7-3-04 of the Administrative Code, a prescriber shall not personally furnish immediate-use compounded drug preparations.</p>	
<p>Are controlled substances being personally furnished in quantities that exceed a 72-hour supply?</p>	<p>A prescriber may not personally furnish to a patient an amount of a controlled substance that exceeds the amount necessary for the patient's use in a seventy-two-hour period.</p> <p>Board staff will review records to determine compliance.</p> <p>IMPORTANT: These limits do not apply to methadone or buprenorphine personally furnished to patients for the purpose of treating drug dependence or addiction as part of an opioid treatment program.</p>	<p>ORC 4729.291</p>
<p>Is the licensee personally furnishing more than a total of 2,500 dosage units of</p>	<p>Is the licensee personally furnishing more than a total of 2,500 dosage units of controlled substances in a thirty-day period?</p>	<p>ORC 4729.291</p>

<p>controlled substances in a thirty-day period?</p>	<p>A prescriber may not, in any thirty-day period, personally furnish to all patients, taken as a whole, controlled substances in an amount that exceeds a total of two thousand five hundred dosage units.</p> <p>"Dosage unit" means any of the following:</p> <ul style="list-style-type: none"> (1) A single pill, capsule, ampule, tablet; (2) In the case of a liquid solution, one (1) milliliter; (3) In the case of a cream, lotion, or gel, one (1) gram; or (4) Any other form of administration available as a single unit. <p>Board staff will review records to determine compliance.</p> <p>IMPORTANT: These limits do not apply to methadone or buprenorphine personally furnished to patients for the purpose of treating drug dependence or addiction as part of an opioid treatment program.</p>	
<p>Does the licensee delegate the act of personally furnishing to a nurse in accordance with all applicable requirements?</p>	<p>A prescriber may delegate the act of personally furnishing methadone for the purpose of treating drug dependence or addiction to a nurse licensed under Chapter 4723. of the Revised Code in accordance with the following:</p> <ul style="list-style-type: none"> (1) The opioid treatment program utilizes an automated methadone dispensing system that is routinely calibrated to ensure the accuracy of the methadone personally furnished. 	<p>OAC 4729:5-21-02</p>

	<p>(2) The nurse shall document the act of personally furnishing using positive identification.</p> <p>NOTE: The delegated nurse may be either an RN or LPN.</p> <p>Board staff will review records to ensure routine calibration of the automated methadone dispensing system.</p>	
<p>Does the licensee maintain complete and accurate records of drugs personally furnished?</p>	<p>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, delegated pharmacist, or delegated nurse 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.</p> <p>Records of personally furnishing must be maintained for at least three years.</p> <p>Board staff will review records to determine compliance.</p>	<p>OAC 4729:5-21-04</p>
<p>Is counseling offered to patients/caregivers when drugs are personally furnished?</p>	<p>A licensee must personally offer to provide, or may provide in writing, the service of counseling to a patient or caregiver whenever any dangerous drug is personally furnished.</p>	<p>OAC 4729:5-21-02</p>

	A prescriber or pharmacist shall not be required to counsel a patient or caregiver when the patient or caregiver refuses the offer of counseling or does not respond to the written offer to counsel.	
Are drugs that are personally furnished distributed under appropriate supervision and control?	<p>A prescriber may delegate an individual or individuals to distribute dangerous drugs that are personally furnished:</p> <p>(1) A prescriber or pharmacist provides personal supervision (i.e., is on-site). Personal supervision is not required for distribution of any of the following:</p> <ul style="list-style-type: none"> ▪ Non-controlled drugs if the drugs are provided by a licensed health care professional (i.e., nurse) and a prescriber or pharmacist is available for counseling by means of electronic communication during normal hours of operation. ▪ Methadone or buprenorphine for the purpose of treating drug dependence of addiction by a licensed healthcare professional (i.e., nurse) and a prescriber or pharmacist is available for counseling by means of electronic communication during normal hours of operation. <p>(2) Counseling is offered.</p> <p>NOTE: This requirement does not apply to naloxone that is personally furnished via a physician protocol.</p>	OAC 4729:5-21-02
Are physician assistants personally furnishing drugs	FOR SAMPLES:	ORC 4730.43

<p>in accordance with applicable state laws?</p>	<p>A physician assistant can furnish sample drugs subject to the following limitations:</p> <p>(1) The amount of the sample furnished shall not exceed a seventy-two-hour supply, except when the minimum available quantity of the sample is packaged in an amount that is greater than a seventy-two-hour supply, in which case the physician assistant may furnish the sample in the package amount.</p> <p>(2) Samples of controlled substances may not be personally furnished.</p> <p>FOR NON-SAMPLES:</p> <p>A physician assistant can furnish non-sample drugs subject to the following limitations:</p> <p>(1) The physician assistant shall personally furnish only antibiotics, antifungals, scabicides, contraceptives, prenatal vitamins, antihypertensives, drugs and devices used in the treatment of diabetes, drugs and devices used in the treatment of asthma, and drugs used in the treatment of dyslipidemia.</p> <p>NOTE: Because of these drug categories, a physician assistant is not permitted to personally furnish controlled substances.</p> <p>(2) The physician assistant shall not furnish the drugs and devices in locations other than a health department operated by the board of health of a city or general health district or the authority having the</p>	
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	<p>duties of a board of health under section 3709.05 of the Revised Code, a federally funded comprehensive primary care clinic, or a nonprofit health care clinic or program.</p> <p>REMINDER: Nurse practitioners are prohibited from personally furnishing any drug listed on the Ohio Board of Nursing's exclusionary formulary.</p> <p>Currently, the formulary does not contain any drugs. If drugs are added to the formulary, the Board will add a question regarding personally furnishing by a nurse practitioner.</p>	
<p>Is naloxone being personally furnished at the location in accordance with Ohio laws and rules?</p>	<p>Naloxone and other overdose reversal drugs may be personally furnished or otherwise distributed in accordance with Chapter 3715. of the Revised Code. A terminal distributor of dangerous drugs shall not be required to maintain any patient-specific records for the distribution of naloxone or other overdose reversal drug.</p> <p>For more information, visit: www.pharmacy.ohio.gov/ORD.</p>	<p>OAC 4729:5-21-02</p>
<p>Does the prescriber mail or offer delivery services for drugs that have been personally furnished?</p>	<p>A prescriber may only mail or provide delivery of a dangerous drug that has been personally furnished if all the following apply:</p> <p>(1) The prescriber does not routinely mail or deliver the drug to the patient;</p> <p>(2) The drug is unavailable at a local pharmacy or the patient cannot afford the drug;</p>	<p>OAC 4729:5-21-02</p>

(3) Failure to mail or deliver the drug would result in harm to the patient; and

(4) The prescriber includes in the records required for personally furnishing the name of the common carrier (including the United State Postal Service), contract carrier, or employee of the terminal distributor who performed, or attempted to perform, the delivery.

NOTE: The restrictions listed above do not apply to any of the following:

(1) Dangerous drugs personally furnished as part of a clinical trial approved by the United States Food and Drug administration; or

(2) Delivered or otherwise provided by a mobile clinic or medication unit in accordance with rule 4729:5-3-23 of the Administrative Code or a mobile opioid treatment program in accordance with rule 4729:5-21-05 of the Administrative Code.

IMPORTANT: Any drug that has left the possession of the terminal distributor of dangerous drugs shall comply with the requirements of OAC 4729:5-3-16.

Please be advised that this does not apply to methadone or buprenorphine personally furnished at an opioid treatment program unless expressly authorized by the Ohio Department of Behavioral Health and/or the Drug Enforcement Administration.

Drug Samples

Question	Guidance	Rule/Law
Does the licensee distribute samples to patients?	Board staff will document the types of drugs received as samples.	
Does the licensee receive samples at the request of a prescriber?	<p>Prescribers must request samples. Samples cannot be dropped off at a facility without permission.</p> <p>No drug distributor or distributor's representative, including sales representatives, may sell or distribute a sample of a drug to a licensed prescriber unless requested by the prescriber.</p>	OAC 4729:6-3-08
Are sample drugs personally furnished free of charge, in the original container, and prior to the drug's expiration date?	<p>Licensees cannot open sample packages and distribute them in alternate containers or partial quantities.</p> <p>Samples must be provided free of charge.</p> <p>Expired samples must be disposed of in the same manner as all other drug inventory and may not be dispensed or donated, unless they are donated to a pharmacy school under ORC 3715.89.</p>	ORC 3719.81

OARRS

Question	Guidance	Rule/Law
Are any of the prescribers using delegates to request OARRS reports?	Delegates are required to have their own OARRS accounts. A delegate is not permitted to use the username and login for a prescriber or another delegate.	4729.80

Drug Compounding

Question	Guidance	Rule/Law
Is the licensee engaged in either sterile or non-sterile drug compounding on site?	<p>If engaged in drug compounding, the licensee may be subject to an additional inspection by a Board Specialist (i.e. pharmacist).</p> <p>For more information, please review the Board’s prescriber compounding guide: www.pharmacy.ohio.gov/prescribercomp</p>	4729:7-3

Prescriptions

For more information on the Board's requirements for issuing a valid prescription, visit: www.pharmacy.ohio.gov/Rx.

Question	Guidance	Rule/Law
<p>Does the facility use pre-printed prescriptions for non-hospice patients?</p>	<p>Board staff will review prescription blanks to ensure that any pre-printed prescriptions with multiple drug names or strength combinations do not contain any controlled substances among the choices.</p> <p>NOTE: There are different requirements for outpatient hospice patients (see next question).</p>	<p>OAC 4729:5-5-05</p>
<p>Does the facility use pre-printed prescriptions for hospice care program outpatients?</p>	<p>For purposes of pre-printed prescription forms for hospice care program outpatients, the following conditions apply:</p> <p>(1) Pre-printed prescription forms may contain multiple orders on one form and the prescriber may select as many drug orders as necessary. Additional prescriptions may be manually added to this sheet.</p> <p>(2) Pre-printed forms may not contain prescription orders for schedule II drugs. Schedule II drugs may be manually added to the preprinted forms and signed by the prescriber.</p> <p>(3) The prescriber shall indicate on each preprinted form the drug orders authorized on the form by either:</p> <p>(a) Manually indicating the total drug orders authorized on the form; or</p> <p>(b) Manually initialing each drug order.</p>	<p>OAC 4729:5-5-05</p>

	<p>(4) All written drug orders must be signed by the prescriber.</p> <p>(5) All signed prescriptions may be faxed from the prescriber or the hospice location to the pharmacy.</p> <p>(6) At the direction of the prescriber, verbal drug orders may be transmitted to the pharmacy by the prescriber's agent, including a hospice nurse, except for schedule II drug orders.</p> <p>Board staff will review prescription blanks to ensure compliance.</p>	
<p>How does the licensee issue prescription?</p>	<p>Board staff will document the methods used for transmitting prescriptions (written, oral, fax, or electronic transmission).</p> <p>If the licensee faxes hard copy prescriptions, Board staff will confirm the original prescription signed by the prescriber from which the facsimile is produced shall not be issued to the patient. The original prescription signed by the prescriber must remain with the patient's records at the location where it was issued for three years from the date of issuance. Following the successful transmission of the prescription, the word "VOID" or "FAXED" shall be written or stamped on the face of the original prescription in a manner that does not destroy any of the original information contained on the prescription.</p>	<p>OAC 4729:5-3-11</p>
<p>Are uncompleted prescription blanks secured when not in use?</p>	<p>Only a prescriber may have access to uncompleted prescription blanks used for writing a prescription. Uncompleted prescription blanks must be secured when not in use.</p>	<p>OAC 4729:5-21-03</p>

	<p>Prescription blanks must be secured when not on the prescriber's person. This may include the following: a locked drawer, filing cabinet, safe, lock box, lockable bag, or any other method that can be locked to prevent unauthorized access.</p>	
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Expired/Adulterated Drugs

Question	Guidance	Rule/Law
<p>Are multi-dose vials properly labeled?</p>	<p>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.</p>	<p>OAC 4729:5-21-03</p>
<p>Are there expired/adulterated drugs present in the licensee's active drug stock?</p>	<p>Board staff will conduct a check for expired drugs/adulterated drugs, including, but not limited to, the following:</p> <ul style="list-style-type: none"> ▪ Expired drugs in common stock areas. ▪ Multidose vials that have been opened/punctured and exceed twenty-eight days from the date of puncture, unless otherwise specified by the manufacturer. ▪ Adulterated drugs in common stock areas (partial vials of single-dose injectable drugs). If the vial says single use, and it has been punctured/used, it must be discarded and may not be used again. ▪ NOTE: The following are also considered expired or adulterated and should not be present in a licensee's active drug stock: 	<p>OAC 4729:5-3-06</p>

	<ul style="list-style-type: none"> ○ A device containing dangerous drugs must be used by the date/time indicated on the manufacturer’s labeling or, if no such date exists, may only be used up to six hours following preparation. ○ A conventionally manufactured sterile dangerous drug product that is reconstituted must be used by the date/time indicated on the manufacturer’s labeling or, if no such date exists, may only be used up to six hours following preparation. ○ A conventionally manufactured sterile dangerous drug product that is diluted (i.e. diluting or mixing into a syringe to administer directly to a patient) must be used within six hours of preparation. 	
<p>Are expired/adulterated drugs appropriately segregated from the licensee's active drug stock?</p>	<p>Expired/adulterated drugs must be stored separately from active drug stock in a manner that prohibits access by unauthorized persons.</p> <p>Expired/adulterated controlled substances that are segregated must be secured in the same manner as active controlled substance stock. This can be a bin/bag clearly marked “outdated/do not use” or a similar statement that is stored where active controlled substance stock is maintained but segregated in a manner that is clear to all who see it that the drugs may not be used.</p> <p>Expired/adulterated non-controlled substance drugs must be segregated from the active drug stock. This can be a bin/bag clearly marked “outdated/do not use” or a similar statement that is stored in</p>	<p>OAC 4729:5-3-06</p>

	<p>common stock areas but segregated in a manner that is clear to all who see it that the drugs may not be used. Expired/adulterated non-controlled substance drugs must be maintained under the same supervision requirements as active non-controlled substance drug stock.</p>	
<p>Are expired/adulterated drugs stored no longer than one year from the date of expiration/adulteration?</p>	<p>Expired/adulterated drugs shall be stored no longer than one year from the date of expiration/adulteration by those holding a terminal distributor of dangerous drugs license.</p> <p>Board staff will review expired/adulterated drugs to confirm.</p>	<p>OAC 4729:5-3-06</p>

General Record Keeping

Question	Guidance	Rule/Law
<p>Does the licensee maintain all required records on-site for a period of three years in a readily retrievable manner?</p>	<p>All records maintained in accordance with this rule shall be readily retrievable and shall be kept on-site for a period of three years.</p> <p>If stored off-site, Board staff will document the off-site location and confirm the licensee submitted proper notification to the Board.</p>	<p>OAC 4729:5-21-04</p>
<p>Are records maintained under appropriate supervision and control to restrict unauthorized access?</p>	<p>All records relating to the receipt, administration, distribution, personally furnishing, and sale of dangerous drugs shall be maintained under appropriate supervision and control to restrict unauthorized access.</p> <p>Generally, a licensee should avoid having any patient records easily accessible to the general public (i.e., waiting rooms, unsecured storage facilities, or any other place where the public could easily access drug records).</p>	<p>OAC 4729:5-21-03</p>
<p>Are records electronically created and maintained?</p>	<p>Such records may be electronically created and maintained in accordance with the following:</p> <p>(1) Complies with the requirements of the record keeping rule (including positive identification requirements);</p> <p>(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;</p>	<p>OAC 4729:5-21-04</p>

	<p>(3) Contains security features to prevent unauthorized access; and</p> <p>(4) Contains daily back-up functionality to protect against record loss.</p> <p>Board staff will ask the licensee to provide documentation demonstrating daily back-up functionality to protect against record loss.</p>	
<p>Does the licensee engage in the transfer or sale of dangerous drugs?</p>	<p>If yes, records of transfer or sale conducted in accordance with rule 4729:5-3-09 of the Administrative Code must contain the name, strength, dosage form, national drug code, 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.</p> <p>NOTE: This includes intracompany transfers/sales and occasional sales. It does not apply to the transfer of patient-specific drugs to new owners/caregivers.</p> <p>Except for local health departments, occasional sales by non-pharmacies (i.e., sales outside of a commonly owned company) are limited to naloxone and drugs that are in shortage.</p> <p>"Drug shortage," with respect to an occasional sale, means a drug on the United States Food and Drug Administration's drug shortage list that is not commercially available regardless of the reason that the drug is not available, including the absence of a manufacturer for the drug or the lack of a readily available supply of the drug from a manufacturer or wholesaler.</p>	<p>OAC 4729:5-21-04</p> <p>OAC 4729:5-3-09</p>

	<p>To assist licensees in complying with the record keeping requirements for occasional sales or intracompany transfers, the Board developed a sample form that can be accessed by visiting: www.pharmacy.ohio.gov/SampleSale</p> <p>Board staff will review records to determine compliance.</p>	
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Dispensing Dangerous Drugs to an Alternate Location (Replaces Pick-Up Stations)

Question	Guidance	Rule/Law
<p>Does the licensee act as an alternate location by receiving patient-specific prescriptions from pharmacies for final distribution/administration to ultimate users?</p>	<p>An alternate location is a location (usually a clinic) other than a patient or caregiver's address on file with the pharmacy.</p> <p>Board staff will document the types of prescriptions that are received by licensee.</p>	<p>OAC 4729:5-3-24</p>
<p>Is there clear and convincing evidence that the facility acts as an alternate location in the interest of the patient or public health?</p>	<p>To serve as an alternate location, there must be clear and convincing evidence that delivery of a prescription medication directly to the patient would result in:</p> <p>(a) Danger or harm to public health or safety, or</p> <p>(b) Danger or harm to the patient without increased involvement by a health care professional in the patient's drug therapy.</p> <p>Serving as an alternate location is only valid for those situations where there is evidence it is in the best interest of the patient or the public to have the drug be provided by the prescriber.</p> <p>Examples include:</p> <ul style="list-style-type: none"> ▪ Injectable drugs the prescriber will administer on-site. 	<p>OAC 4729:5-3-24</p>

	<ul style="list-style-type: none"> ▪ Distribution of specialty medications which require specialized storage or administration education, medications for patients in a mental health clinic, who should not (for safety reasons) have possession of large quantities of their medications without increased medical supervision. <p>NOTE: Non-self-injectable cancer drugs are generally required by law (ORC 4729.43) to be sent from a pharmacy directly to a prescriber for administration.</p>	
<p>Is the receipt, storage, control and distribution of prescriptions or drugs in the full and actual charge of a licensed health care professional at the alternate location?</p>	<p>The receipt, storage, control, and distribution of prescriptions or drugs are in the full and actual charge of a health care professional licensed pursuant to Chapter 4715. (Dental Practice Act), 4723. (Nurse Practice Act), 4729. (Pharmacy Practice Act), 4730. (Physician Assistant Practice Act), 4731. (Medical Practice Act), or 4741. (Veterinary Medical Practice Act) of the Revised Code.</p> <p>Board staff will inspect the location to ensure a licensed health care professional overseeing the delivery and distribution of drugs received by the pharmacy.</p> <p>IMPORTANT: Drugs must be maintained under the same security and storage conditions as regular inventory.</p>	<p>OAC 4729:5-3-24</p>
<p>Is there a documented method whereby the patient may obtain counseling by a pharmacist?</p>	<p>A pharmacy licensed as a terminal distributor of dangerous drugs that dispenses dangerous drugs to an alternate location shall ensure there written instructions on how to obtain patient counseling by a pharmacist in accordance with OAC 4729:5-5-09.</p>	<p>OAC 4729:5-3-24</p>

<p>Is there a record keeping system in place to provide accountability for the proper receipt, disposal, and return of all prescription medications dispensed to an alternate location?</p>	<p>Record keeping systems must include a record of patient specific prescriptions delivered to the location, a record of distribution or administration of the drugs to the individual patient, and a record of all medications returned to the pharmacy.</p> <p>Receipt of prescriptions should be an invoice such that each patient specific prescription is identifiable, including a date of delivery, and documentation of receipt.</p> <p>Any medications returned to the pharmacy (patient failed to pick up, etc.) should also be documented with an invoice/log that is maintained on file at the alternate location and provided to the pharmacy. Documentation must include patient name, prescription information, and date returned (or date disposed).</p>	<p>OAC 4729:5-3-24</p>
<p>Does the licensee have abandoned patient-specific drugs on-site?</p>	<p>The alternate location acknowledges that any patient-specific dangerous drug dispensed by a pharmacy is the property of that patient, except that a dangerous drug that is not distributed or administered to that patient within six months of dispensation shall be deemed abandoned.</p> <p>A terminal distributor of dangerous drugs may do any of the following with an abandoned drug:</p> <p>(1) Return the drug to the dispensing pharmacy for disposal or, if applicable, returned to stock. Return-to-stock by the dispensing pharmacy is only permitted if the pharmacy is under common</p>	<p>OAC 4729:5-3-24</p>

	<p>ownership and control as the receiving terminal distributor of dangerous drugs.</p> <p>(2) Be disposed of in accordance the applicable rules set forth in this division of the Administrative Code.</p> <p>(3) Donate to a drug repository program in accordance with Chapter 4729:5-10 of the Administrative Code. Per rule, a terminal distributor of dangerous drugs that possesses an abandoned drug shall be deemed as the owner of the drug for the sole purpose of providing consent for the drug's donation to a drug repository program.</p>	
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Drug Repository Program

[Section 3715.87 of the Revised Code](#) permits a licensed terminal distributor of dangerous drugs (TDDD) to operate a drug repository program. A drug repository program is a program that receives eligible donated drugs to provide to patients who have no reasonable financial means to pay for the drug or who are patients of a nonprofit clinic. For additional information on drug repository programs, visit: www.pharmacy.ohio.gov/repository

Question	Guidance	Rule/Law
Does this facility operate a drug repository program?	<p>If yes, Board staff should verify the licensee meets the eligibility requirements.</p> <p>NOTE: Only a pharmacy, hospital, or nonprofit clinic may elect to participate in a drug repository program.</p> <p>"Nonprofit clinic" means a charitable nonprofit corporation organized and operated pursuant to Chapter 1702. of the Revised Code, or any charitable organization not organized and not operated for profit, that provides health care services to indigent and uninsured persons as defined in section 2305.234 of the Revised Code. "Nonprofit clinic" does not include a hospital as defined in section 3727.01 of the Revised Code, a facility licensed under Chapter 3721. of the Revised Code, or a facility that is operated for profit.</p> <p>"Hospital" means an institution classified as a hospital under section 3701.07 of the Revised Code in which are provided to inpatients diagnostic, medical, surgical, obstetrical, psychiatric, or rehabilitation care for a continuous period longer than twenty-four hours or a hospital operated by a health maintenance organization. "Hospital" does not include a facility licensed under Chapter 3721. of the Revised Code, a health care facility operated by the department of mental</p>	ORC 3715.871

	<p>health and addiction services or the department of developmental disabilities, a health maintenance organization that does not operate a hospital, the office of any private licensed health care professional, whether organized for individual or group practice, or a clinic that provides ambulatory patient services and where patients are not regularly admitted as inpatients. "Hospital" also does not include an institution for the sick that is operated exclusively for patients who use spiritual means for healing and for whom the acceptance of medical care is inconsistent with their religious beliefs, accredited by a national accrediting organization, exempt from federal income taxation under section 501 of the Internal Revenue Code of 1986, 100 Stat. 2085, 26 U.S.C.A. 1, as amended, and providing twenty-four hour nursing care pursuant to the exemption in division (E) of section 4723.32 of the Revised Code from the licensing requirements of Chapter 4723. of the Revised Code.</p>	
<p>FOR DRUGS DONATED THAT HAVE BEEN IN THE POSSESSION OF A LICENSED HEALTHCARE PROFESSIONAL OR TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS: Do the donated drugs comply with the applicable requirements of Ohio law and rules?</p>	<p>FOR DRUGS DONATED THAT HAVE BEEN IN THE POSSESSION OF A LICENSED HEALTHCARE PROFESSIONAL OR TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS:</p> <ul style="list-style-type: none"> ▪ The drugs are in their original sealed and tamper-evident unit dose packaging. ▪ The packaging shall be unopened except that the drugs packaged in single unit doses may be accepted and dispensed when the outside packaging is opened if the single unit dose packaging is undisturbed. 	<p>OAC 4729:5-10-04</p>

	<ul style="list-style-type: none">▪ If the drugs were packaged by a pharmacy, the name of the pharmacy and any other pharmacy identifiers shall be removed from the packaging prior to dispensing or personally furnishing to a recipient patient. This may be accomplished by removing the drug from the pharmacy packaging or by removing the name from the outside packaging of a multiple dose, unit dose packaging system.▪ The drugs have been in the possession of a licensed healthcare professional, terminal distributor of dangerous drugs, or drug distributor and not in the possession of the ultimate user.▪ The drugs have been stored according to federal and state requirements.▪ The drugs shall include an expiration date on the label or packaging. If the prescription container is the manufacturer's original sealed packaging, the expiration date is the expiration date listed on the packaging. A repository program shall not dispense or personally furnish a donated drug that is beyond the expiration date.▪ The drugs must not have any physical signs of tampering or adulteration.▪ The drugs that are donated to a repository program shall not include the following:	
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	<ul style="list-style-type: none"> ○ Controlled substances, except for controlled substances in a long-acting or extended-release form used for the treatment of opioid dependence or addiction. ○ Drug samples, unless the repository is operated by a charitable pharmacy. ○ Radiopharmaceuticals as defined in rule 4729:5-8-01 of the Administrative Code. ○ A drug for which the United States food and drug administration requires, as a risk evaluation and mitigation strategy, that the patient be registered with the drug's manufacturer. ○ Compounded drugs. 	
<p>FOR ORALLY ADMINISTERED CANCER DRUGS: Do the donated drugs comply with the applicable requirements of Ohio law and rules?</p>	<p>REQUIREMENTS FOR ORALLY ADMINISTERED CANCER DRUGS:</p> <ul style="list-style-type: none"> ▪ The drugs do not have to be in an original sealed and tamper-evident unit dose packaging and may have been in possession of the ultimate user. ▪ The drugs have been stored according to federal and state requirements. ▪ The drugs shall include an expiration date on the label or packaging. If the prescription container is the manufacturer's 	<p>OAC 4729:5-10-04</p>

	<p>original sealed packaging, the expiration date is the expiration date listed on the packaging. A repository program shall not dispense or personally furnish a donated drug that is beyond the expiration date.</p> <ul style="list-style-type: none">▪ The drugs do not require refrigeration, freezing, or storage at a special temperature.▪ The drugs that are donated to a repository program shall not include the following:<ul style="list-style-type: none">a. Controlled substances, except for controlled substances in a long-acting or extended-release form used for the treatment of opioid dependence or addiction.b. Drug samples, unless the repository is operated by a charitable pharmacy.c. Radiopharmaceuticals as defined in rule 4729:5-8-01 of the Administrative Code.d. A drug for which the United States food and drug administration requires, as a risk evaluation and mitigation strategy, that the patient be registered with the drug's manufacturer.	
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	<p>e. Compounded drugs.</p> <p>NOTE: "Orally administered cancer drug" means either of the following:</p> <p>(1) An orally administered dangerous drug that is used to treat cancer or its side effects; or</p> <p>(2) An orally administered dangerous drug that is used to treat the side effects of a dangerous drug used to treat cancer.</p>	
<p>FOR ALL OTHER DRUGS DONATED BY A PATIENT OR CAREGIVER: Do the donated drugs comply with the applicable requirements of Ohio law and rules?</p>	<p>FOR ALL OTHER DRUGS DONATED BY A PATIENT OR CAREGIVER:</p> <ul style="list-style-type: none"> ▪ The drugs must be donated to a charitable pharmacy, hospital, or non-profit clinic. A for-profit pharmacy is not permitted to accept donations of drugs from an ultimate user (i.e., patient or caregiver). ▪ The drugs have been stored according to federal and state requirements. ▪ The drugs shall include an expiration date on the label or packaging. If the prescription container is the manufacturer's original sealed packaging, the expiration date is the expiration date listed on the packaging. A repository program shall not dispense or personally furnish a donated drug that is beyond the expiration date. 	<p>OAC 4729:5-10-04</p>

	<ul style="list-style-type: none"> ▪ The drugs shall not have any physical signs of tampering, misbranding, or adulteration. ▪ The drugs that are donated to a repository program shall not include the following: <ul style="list-style-type: none"> ○ Controlled substances, except for controlled substances in a long-acting or extended-release form used for the treatment of opioid dependence or addiction. ○ Drug samples, unless the repository is operated by a charitable pharmacy. ○ Radiopharmaceuticals as defined in rule 4729:5-8-01 of the Administrative Code. ○ A drug for which the United States food and drug administration requires, as a risk evaluation and mitigation strategy, that the patient be registered with the drug's manufacturer. ○ Compounded drugs. 	
<p>Does the repository program have standards and procedures to determine,</p>	<p>The repository program shall develop and implement standards and procedures to determine, based on a basic visual inspection, that the drugs appear to be unadulterated, safe, and suitable for dispensing.</p>	<p>OAC 4729:5-10-04</p>

<p>based on a basic visual inspection, that the drugs appear to be unadulterated, safe, and suitable for dispensing?</p>	<p>Board staff will review documentation containing standards and procedures.</p> <p>NOTE: This is a requirement for all drugs donated to the repository program.</p>	
<p>Are drugs donated by eligible persons?</p>	<p>The following may donate or facilitate the donation of a drug, pursuant to the eligibility requirements of rule 4729:5-10-04 of the Administrative Code, to a pharmacy, hospital, or nonprofit clinic that elects to participate in a drug repository program:</p> <ol style="list-style-type: none"> 1. Any pharmacy, drug manufacturer, or health care facility, or other person* or government entity may donate or give drugs to a drug repository program. 2. Any person or government entity may facilitate the donation or gift of drugs to the program. <p>*Except for orally administered cancer drugs or drugs donated by patients (to a charitable pharmacy, hospital, or non-profit clinic), a person electing to donate an eligible dangerous drug shall not have taken custody of the drug prior to the donation. The person may direct the donation through a terminal distributor of dangerous drugs.</p> <p>IMPORTANT REMINDERS:</p>	<p>OAC 4729:5-10-03</p>

	<ul style="list-style-type: none"> ▪ A person who resides in an institutional facility and was legally dispensed a dangerous drug pursuant to a patient-specific order may elect to sign and date a donor form prior to donating a drug, which shall state "from this day forward I wish to donate all my remaining unused drugs that are eligible, pursuant to rule 4729:5-10-04 of the Administrative Code, to a drug repository program." <p>Board staff will review documentation to verify donated drugs are coming from eligible persons.</p>	
<p>Are donor forms and records maintained in accordance with applicable rules?</p>	<p>Each donor must sign an electronic or physical form stating that the donor is the owner of the drug and intends to voluntarily donate the drug to the drug repository program. The donor form must be completed prior to any donation and include at least the following:</p> <ol style="list-style-type: none"> a. The name of the person that was originally dispensed the drugs or the name of the entity that owns the drugs. b. The full name, contact phone, and signature of the donor, which may include any of the following: <ul style="list-style-type: none"> ▪ The person designated by durable power of attorney, a guardian, an individual responsible for the care and well-being of a patient; ▪ The executor, administrator, or trustee of the estate of a deceased patient; 	<p>OAC 4729:5-10-06</p>

- The responsible person or the responsible person's designee of a terminal distributor of dangerous drugs or a drug distributor;
- The licensed prescriber or pharmacist responsible for the oversight of the entity donating the drug.

(3) The address of the donor or the entity donating the drug.

(4) The date the form was signed.

NOTE: A licensee may opt to have a patient sign a donor form in advance of receiving treatment in the event the patient discontinues treatment.

Additionally, the following donor information must also be documented. This information may be documented on the original signed donor form or on an alternate record created by the repository program. If an alternate record is used, the record must include the name of the donor in addition to the required information in this paragraph.

(1) The brand name or generic name of the drug donated and either the name of the manufacturer or the national drug code number (NDC#).

(2) The strength of the drug donated.

(3) The quantity of the drug donated.

	(4) The date the drug was donated.	
<p>Do the recipient forms comply with the requirements of Ohio law?</p>	<p>Prior to receiving donated drugs from a drug repository program, each recipient must sign an electronic or physical form stating they understand the immunity provisions of the program pursuant to division (B) of section 3715.872 of the Revised Code.</p> <p>ORC 3715.872 (B) states:</p> <p>For matters related to activities conducted under the drug repository program, all of the following apply:</p> <p>(1) A pharmacy, drug manufacturer, health care facility, or other person or government entity that donates or gives drugs to the program, and any person or government entity that facilitates the donation or gift, shall not be subject to liability in tort or other civil action for injury, death, or loss to person or property.</p> <p>(2) A pharmacy, hospital, or nonprofit clinic that accepts or distributes drugs under the program shall not be subject to liability in tort or other civil action for injury, death, or loss to person or property, unless an action or omission of the pharmacy, hospital, or nonprofit clinic constitutes willful and wanton misconduct.</p> <p>(3) A health care professional who accepts, dispenses, or personally furnishes drugs under the program on behalf of a pharmacy, hospital, or nonprofit clinic participating in the program, and the pharmacy, hospital, or nonprofit clinic that employs or otherwise uses the</p>	<p>OAC 4729:5-10-06</p>

	<p>services of the health care professional, shall not be subject to liability in tort or other civil action for injury, death, or loss to person or property, unless an action or omission of the health care professional, pharmacy, hospital, or nonprofit clinic constitutes willful and wanton misconduct.</p> <p>(4) The state board of pharmacy shall not be subject to liability in tort or other civil action for injury, death, or loss to person or property, unless an action or omission of the board constitutes willful and wanton misconduct.</p> <p>(5) In addition to the civil immunity granted under division (B)(1) of this section, a pharmacy, drug manufacturer, health care facility, or other person or government entity that donates or gives drugs to the program, and any person or government entity that facilitates the donation or gift, shall not be subject to criminal prosecution for matters related to activities that it conducts or another party conducts under the program, unless an action or omission of the party that donates, gives, or facilitates the donation or gift of the drugs does not comply with the provisions of this chapter or the rules adopted under it.</p> <p>(6) In the case of a drug manufacturer, the immunities from civil liability and criminal prosecution granted to another party under divisions (B)(1) and (5) of this section extend to the manufacturer when any drug it manufactures is the subject of an activity conducted under the program. This extension of immunities includes, but is not limited to, immunity from liability or prosecution for failure to</p>	
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	transfer or communicate product or consumer information or the expiration date of a drug that is donated or given.	
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Temporary Removal of Drugs

Question	Description / Guidance	Law/Rule
<p>Does the licensee engage in the temporary off-site storage of dangerous drugs?</p>	<p>This may occur in the following three scenarios:</p> <ol style="list-style-type: none"> 1. A licensed health professional authorized to prescribe drugs may temporarily remove dangerous drugs from a licensed terminal distributor of dangerous drugs in order to treat current or prospective patients. 2. A person authorized to personally furnish or dispense naloxone in accordance with a physician approved protocol (NOTE: The Board approved a resolution allowing indefinite off-site storage of naloxone at non-licensed locations). 3. A licensed health care professional, in accordance with their applicable scope of practice, who provides immunizations or any other non-controlled substance dangerous drugs that may be administered in accordance with a protocol or valid prescriber's order may temporarily remove dangerous drugs from a licensed terminal distributor of dangerous drugs in order to treat current or prospective patients. 	<p>OAC 4729:5-3-13</p>
<p>Are drugs removed from the terminal distributor returned within 24-hours?</p>	<p>The dangerous drugs shall be returned to the licensed terminal distributor of dangerous drugs within twenty-four hours, unless otherwise approved by the Board.</p> <p>The Board has approved the following extensions to this provision:</p>	<p>OAC 4729:5-3-13</p>

	<ol style="list-style-type: none"> 1. Naloxone to be personally furnished in accordance with a physician approved protocol. The Board approved a resolution allowing indefinite off-site storage of naloxone at non-licensed locations. 2. Dangerous drugs used by dental anesthesiologists. <p><i>All dangerous drugs temporarily removed from a licensed terminal distributor of dangerous drugs by a dental anesthesiologist to treat current or prospective patients shall be returned to the licensed terminal distributor of dangerous drugs no later than seventy-two hours. (R-2017-382)</i></p>	
Does the person temporarily removing drugs from a licensed location maintain direct supervision and control over the dangerous drugs and any hypodermics removed from the licensed location?	<p>The person temporarily removing drugs from a licensed location shall maintain direct supervision and control over the dangerous drugs and any hypodermics removed from the terminal distributor.</p> <p>"Direct supervision" means an individual authorized pursuant to this rule is in the immediate area and within visual range of dangerous drugs and/or hypodermics to deter and detect diversion.</p>	OAC 4729:5-3-13
If direct supervision is not provided, are the drugs that are temporarily removed securely stored at temperatures and conditions which will ensure the integrity of the drugs?	<p>If direct supervision is not provided, the dangerous drugs and any hypodermics shall be physically secured in a manner to prevent unauthorized access and shall be stored at temperatures and conditions which will ensure the integrity of the drugs prior to their use as stipulated by the USP/ NF and/or the manufacturer's or distributor's labeling.</p>	OAC 4729:5-3-13

	<p>Securely stored means that the drugs are secured in a manner that prevents unauthorized access. This may include the following: a locked drawer, filing cabinet, locked room, safe, lock box, or any other method that can be locked to prevent unauthorized access.</p>	
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Pharmacist Consult Agreements

Question	Guidance	Law/Rule
<p>Does the licensee utilize consult agreements with pharmacists?</p>	<p>If yes, Board staff will review copies of the agreement.</p> <p>REMINDER: A pharmacist, as part of an opioid treatment program licensed by the state, may administer controlled substance narcotics pursuant to a consult agreement in accordance with this division of the Administrative Code for the maintenance or detoxification treatment of opioid addiction.</p>	<p>OAC 4729:1-6</p>
<p>Does the consult agreement contain all the required information?</p>	<p>A consult agreement must contain all the following:</p> <p>(1) Identification of the Ohio-licensed physician(s) and pharmacist(s) authorized to enter into the agreement. This may include:</p> <ul style="list-style-type: none"> (a) Individual names of physicians and pharmacists; (b) Physician or pharmacist practice groups; or (c) Identification based on institutional credentialing or privileging. <p>(2) The specific diagnoses and diseases being managed under the agreement, including whether each disease is primary or comorbid.</p> <p>(3) A description of the drugs or drug categories managed as part of the agreement.</p>	<p>OAC 4729:1-6-02</p>

	<p>(4) A description of the procedures, decision criteria, and plan the managing pharmacist is to follow in acting under a consult agreement. Such a description should provide a reasonable set of parameters of the activities a managing pharmacist is allowed to perform under a consult agreement.</p> <p>(5) A description of the types of blood, urine or other tests permitted pursuant to section 4729.39 of the Revised Code that may be ordered and evaluated by the managing pharmacist as long as the tests relate to the management of drug therapy. This may include specific tests or categories of testing that may be ordered and evaluated to manage the diagnoses and diseases under the agreement.</p> <p>(6) A description of how the managing pharmacist shall maintain a record of each action taken for each patient whose drug therapy is managed under the agreement. All prescribing, administering, and dispensing of drugs shall be documented using positive identification.</p> <p>(7) A description of how communication between a managing pharmacist and physician acting under a consult agreement shall take place at regular intervals specified by the physician who authorized the agreement. The agreement may include a requirement that a managing pharmacist send a consult report to each consulting physician.</p> <p>(8) A provision that allows a physician to override a decision made by the managing pharmacist when appropriate.</p>	
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	<p>(9) A quality assurance mechanism to ensure that managing pharmacists only act within the scope authorized by the consult agreement.</p> <p>(10) A description of a continuous quality improvement (CQI) program used to evaluate the effectiveness of patient care and ensure positive patient outcomes. The CQI program shall be implemented pursuant to the agreement.</p> <p>(11) The training and experience criteria for managing pharmacists. The criteria may include privileging or credentialing, board certification, continuing education or any other training requirements. The agreement shall include a process to verify that the managing pharmacists meet the specified criteria.</p> <p>(12) An effective date and expiration date.</p> <p>(13) The agreement shall be signed by the primary physician, which may include a medical director or designee if the designee is licensed pursuant to Chapter 4731. of the Revised Code, and one of the following:</p> <p>(a) The terminal distributor's responsible person, which may include the responsible person's designee if the designee meets the qualifications of the responsible person pursuant to rule 4729:5-2-01 of the Administrative Code; or</p> <p>(b) A managing pharmacist licensed pursuant to Chapter 4729. of the Revised Code if that pharmacist is not practicing at a pharmacy or</p>	
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	<p>institutional facility licensed as a terminal distributor of dangerous drugs.</p> <p>Board staff will ask the licensee to review current agreements to determine compliance.</p>	
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Recall Procedures

For more information on this rule, see our *Recall Procedures for Terminal Distributors* document:

<http://www.pharmacy.ohio.gov/recalls>

Question	Description / Guidance	Law/Rule
Does the facility have a written procedure in place to manage recalls for the dangerous drugs stocked, dispensed, or personally furnished by the licensee?	<p>A terminal distributor of dangerous drugs is required to develop and implement a written procedure to manage recalls for the dangerous drugs stocked, dispensed, or personally furnished by the licensee.</p> <p>Such procedures must be regularly updated as necessary and must be readily retrievable (e.g., produced within three business days) upon request.</p>	OAC 4729:5-3-18
Do the facility's written recall procedures include all the requirements established in rule?	<p>The written recall procedures must include all of the following:</p> <ol style="list-style-type: none"> 1. The terminal distributor must, where appropriate, contact patients to whom the recalled drug products have been dispensed or personally furnished. 2. The terminal distributor must make a reasonable attempt to ensure that a recalled drug has been removed from inventory no later than the next business day after receipt of the recall notice by the terminal distributor's responsible person or the responsible person's designee, and quarantined until proper disposal, destruction, or return of the drug. IMPORTANT: If a drug that is subject to a recall is maintained by the terminal distributor in a container without a lot number, the terminal 	OAC 4729:5-3-18

	<p>distributor shall consider this drug included in the recall.</p> <p>3. Maintaining all required documentation and records for activities taken by the terminal distributor in relation to a drug recall. NOTE: All records documenting recall activities shall be maintained for three years and shall be made readily retrievable.</p>	
<p>Does the facility maintain records documenting recall activities in a readily retrievable manner?</p>	<p>All records documenting recall activities shall be maintained for three years and shall be made readily retrievable (e.g., produced within three business days).</p>	<p>OAC 4729:5-3-18</p>

Mobile Clinics and Medication Units

For more information on registering a mobile clinic or medication unit, visit: www.pharmacy.ohio.gov/mobile.

Question	Description/Guidance	Law/Rule
Does the licensee meet the criteria to operate a mobile clinic or medication unit?	<p>OAC 4729:5-3-23 authorizes the following terminal distributors of dangerous drugs to operate a mobile clinic or medication unit:</p> <ol style="list-style-type: none"> 1. A nonprofit organization, corporation, or association as defined in the Ohio Revised Code; or 2. A for-profit entity for the purpose of providing services to an individual needing treatment for a substance use disorder, a mental health condition, and any related medical issue. 	OAC 4729:5-3-23
Does the mobile clinic or medication unit have a satellite license affiliated with an existing terminal distributor of dangerous drugs?	<p>Mobile clinics or medication units are required to be registered for a no-cost, satellite license affiliated with an existing terminal distributor of dangerous drugs. For more information, visit: www.pharmacy.ohio.gov/mobile.</p>	OAC 4729:5-3-23
Are the drugs in the mobile clinic or satellite license in full charge of a licensed or registered health care professional, or else secured to provide unauthorized access?	<p>If the mobile clinic is distributing dangerous drugs that have already been dispensed or personally furnished, the drugs must be in full and actual charge of a licensed or registered health care professional authorized under Chapter 4715., 4723., 4729., 4730., 4731., or 4741. of the Revised Code.</p>	OAC 4729:5-3-23

	If there is no health care professional present on the mobile unit, all dangerous drugs shall be secured using physical locks to prevent unauthorized access.	
Does the mobile unit maintain records for prescription medications in a readily retrievable manner?	Mobile units are required to implement a record keeping system that will provide accountability for proper receipt, delivery, disposal, and return of all prescription medications in accordance with applicable record keeping provisions in division 4729:5 of the Administrative Code.	OAC 4729:5-3-23
Are dangerous drugs removed from the mobile unit when the unit is not in operation?	Except for mobile units that are stored in a locked garage with access control, dangerous drugs shall not be left in the mobile unit during the hours that the mobile unit is not in operation. Without exception, a terminal distributor shall not maintain controlled substances in the mobile unit when the unit is not in use.	OAC 4729:5-3-23
Is the mobile unit dry, well-lit, well-ventilated, and maintained in a clean, sanitary, and orderly condition?	All mobile units shall be dry, well-lit, well-ventilated, and maintained in a clean and orderly condition. Storage areas for dangerous drugs 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.	OAC 4729:5-3-23
Is the mobile unit secured with a lock?	Mobile units are required to be secured with suitable locks capable of preventing unauthorized access.	OAC 4729:5-3-23

Mobile Opioid Treatment Programs

IMPORTANT: Mobile OTPs are authorized to provide medication for opioid-use disorder and require notification of the Drug Enforcement Administration and the Ohio Board of Pharmacy.

For more information on registering a mobile opioid treatment program, visit: www.pharmacy.ohio.gov/mobile.

Question	Description/Guidance	Law/Rule
Does the mobile OTP engage in the sale or transfer of dangerous drugs while deployed?	A mobile opioid treatment program is not permitted to reverse distribute, share, or transfer dangerous drugs from one mobile component to another mobile component while deployed outside of the licensed location. These mobile components of opioid treatment programs may not function as hospitals, long-term care facilities, or emergency medical service vehicles, and shall not transport patients.	OAC 4729:5-21-05
Are controlled substances secured in a locked safe?	For any conveyance operated as a mobile opioid treatment program, a securely locked safe must be installed and used to store dangerous drugs in schedules II-V for the purpose of maintenance or detoxification treatment, when not located at the licensee's licensed location.	OAC 4729:5-21-05
Does the storage area used for controlled substances comply with federal requirements?	The storage area for controlled substances in a mobile component of an opioid treatment program must not be accessible from outside of the vehicle. Authorized personnel transporting the controlled substances on behalf of the mobile opioid treatment program are required to retain control over the controlled substances when transferring controlled substances between the licensed location and the conveyance, from the conveyance to the location where medication will be administered or personally furnished, and when administering or personally furnishing medication. At all other times	21 CFR 1301.72 [as required by OAC 4729:5-21-05]

	during transportation, all controlled substances must be properly secured in the safe.	
Are controlled substances returned to the licensed location at the end of the day?	<p>Upon completion of the operation of the conveyance on a given day, the conveyance must be immediately returned to the licensed location, and all controlled substances must be removed from the conveyance and secured within the licensed opioid treatment program. After the conveyance has returned to the registered location and the controlled substances have been removed, the conveyance may be parked until its next use at the licensed location or any secure, fenced-in area, once the local DEA office has been notified of the location of this secure, fenced-in area.</p> <p>NOTE: An OTP may request an exemption from this requirement by submitting a request to the DEA. If an exception is granted, the licensee shall comply with the security conditions set forth in the approval granted by the DEA. Any conveyance maintained in accordance with an exception granted under this rule shall be subject to inspection. To request an exemption, contact the DEA: https://deadiversion.usdoj.gov/contact-us.html</p>	<p>21 CFR 1301.72 [as required by OAC 4729:5-21-05]</p>
Are there procedures in place if the mobile unit becomes inoperable?	All opioid treatment programs with mobile components shall be required to establish a standard operating procedure to ensure, if the mobile component becomes inoperable (mechanical failure, accidents, fire, etc.), that the controlled substances on the inoperable conveyance are accounted for, removed from the inoperable conveyance, and secured at the licensed location.	<p>21 CFR 1301.72 [as required by OAC 4729:5-21-05]</p>

<p>Do only authorized personnel have access to the mobile OTP?</p>	<p>Only prescribers, pharmacists, and nurses licensed under Chapter 4723. of the Revised Code may have access to controlled substances maintained by the mobile opioid treatment program</p>	<p>OAC 4729:5-21-05</p>
<p>Is the patient waiting area physically separated from the drug storage and preparation area?</p>	<p>Persons enrolled in any opioid treatment program, including those receiving treatment at a mobile opioid treatment program, will be required to wait in an area that is physically separated from the medication storage area and areas used for administration or personally furnishing by a physical entrance such as a door or other entryway. Patients will need to wait outside of a mobile opioid treatment program if that unit does not have seating or a reception area that is separated from the medication storage area and areas used for administration or personally furnishing. This requirement shall be enforced by the terminal distributor of dangerous drugs and the licensee's employees.</p>	<p>OAC 4729:5-21-05</p>
<p>Do mobile OTP records contain the required components?</p>	<p>A mobile opioid treatment program shall maintain records with the following information for each dangerous drug:</p> <ul style="list-style-type: none"> (1) Name of drug; (2) Strength of drug; (3) Dosage form; (4) Date dispensed; (5) Adequate identification of patient (consumer); (6) Amount consumed; (7) Amount and dosage form taken home by patient; and (8) Initials of the employee personally furnishing or administering a drug. 	<p>OAC 4729:5-21-05</p>

	<p>All records must be maintained for three years from the date of execution.</p> <p>NOTE: The required records rule shall be maintained in a log at the licensed opioid treatment program, unless the OTP can demonstrate an electronic system capable of meeting the requirements of OAC 4729:5-21-05 (H)(1).</p>	
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Opioid Treatment Program - Update History

Update Date	Section Update	Update
6/8/2020	Orders for Schedule II Controlled Substances	<p>Authorizes individuals granted power of attorney to sign DEA 222 Forms to have unsupervised access to DEA 222 Forms if a terminal distributor of dangerous drugs complies with the requirements of 21 CFR 1305.05.</p> <p>NOTE: This provision was added via Board resolution but will be incorporated in a subsequent rule amendment.</p>
6/19/2020	Changed “Drug Purchases” section to “Drug Purchases and Online Sales”	Added new question to inspect for compliance with OAC 4729:5-3-08 (Online Sales of Dangerous Drugs).
12/8/2020	Patient Records and Drug Administration	Added reference to compliance with OAC 5122-40-06 (J)(1), which states that all methadone orders shall only be valid for a maximum time period of ninety days.
3/30/2021	Drug Compounding	Added reference to prescriber compounding guide: www.pharmacy.ohio.gov/prescribercomp
3/30/2021	Naloxone for Emergency Use	Added new section to inspect for compliance with OAC 4729:5-3-19.

3/30/2021	Distribution of Naloxone Via Automated Mechanism	Added new section to inspect for compliance with OAC 4729:5-3-19.
8/26/2021	Licensing and Responsible Person	Added the following reminder language: IMPORTANT REMINDER: OAC 5122-40-05 (B) includes specific requirements by the Ohio Department of Mental Health and Addiction Services regarding the qualifications for a medical director of an opioid treatment program.
3/10/2022	Prescriptions	Updated rule reference for the Board's prescription formatting rule.
3/10/2022	Prescription Pick-Up Station	Updated rule reference for the Board's pick-up station rule.
8/13/2024	Recall Procedures	Adds a recall procedure section of the guide to comply with the requirements of OAC 4729:5-3-18 . For more information, see our Recall Procedures for Terminal Distributors document: www.pharmacy.ohio.gov/recalls
12/19/2024	Drug Purchases and Online Sales	Updates the type of accreditation required for online sales of dangerous drugs.

12/19/2024	Drug Repository Program	Updated drug repository program section to reflect current law.
12/19/2024	Mobile Clinics or Medication Units	Added section to inspect for compliance with OAC 4729:5-3-23 .
12/19/2024	Naloxone for Emergency Use	Removed section due to changes to Ohio law. For more information, visit: www.pharmacy.ohio.gov/ORD .
12/19/2024	Distribution of Naloxone Via Automated Mechanism	Removed section due to changes to Ohio law. For more information, visit: www.pharmacy.ohio.gov/ORD .
3/7/2025	Patient Records and Drug Administration	Added clarification that protocols for emergency purposes include the treatment of hypoglycemia. Added clarification that biologics include monoclonal antibodies and may be administered via protocol.
3/24/2025	Required Notifications or Document Submissions	Updated Discontinuation of Business section to require businesses submit a notice to the Board within 30 days of discontinuation of business and removing the mention of a waiver for extraordinary circumstances.

4/18/2025	General Recordkeeping	Added a link to a sample form to help licensees comply with the record keeping requirements for occasional sales or intra-company transfers.
4/18/2025	Drug Disposal	Added a link to a sample form to help licensees comply with the record keeping requirements for the disposal of non-controlled dangerous drugs from inventory.
7/14/2025	Required Notifications or Document Submissions	Updated link from Change of Responsible Person Form to the Change of Responsible Person Request in eLicense Ohio .
3/18/2026	Required Notifications or Document Submissions	Added link to the Mobile Clinic, Medication Unit, or Mobile OTP Satellite Form .
3/18/2026	Personally Furnishing	Updated section to clarify that a prescriber is not permitted to personally furnish any immediate-use compounded drug preparations.
3/18/2026	Personally Furnishing	Removed all record keeping requirements for personally furnishing an overdose reversal drug and refers to the Board's guidance: www.pharmacy.ohio.gov/ORD .
3/18/2026	Personally Furnishing	Added new requirements for prescribers who mail or delivery prescriptions to patients.

3/18/2026	Dispensing Dangerous Drugs to an Alternate Location (Replaces Pick-Up Stations)	Updated section to reflect the adoption of OAC 4729:5-3-24 (Dispensing Dangerous Drugs to an Alternate Location) to replace OAC 4729:5-5-14 (Prescription Pick-Up Station).
3/18/2026	Mobile Opioid Treatment Programs	Added new section for mobile OTP programs.
3/27/2026	Controlled Substance Inventory	Clarifies for the purposes of conducting a controlled substance inventory that controlled substances shall be deemed to be “on hand” if they are in the possession of or under the control of the TDDD, including controlled substances that are personally furnished but not yet distributed to the patient (e.g., prescriptions waiting to be picked up or administered), complimentary samples, and expired or adulterated controlled substances awaiting disposal.