



Automated Pharmacy Systems Request Form

Updated 2/3/2025

To promote uniform review and approval of automated pharmacy systems, the Ohio Board of Pharmacy implemented rule [4729:5-3-17](#) of the Administrative Code. As part of the approval process, a licensee is required to submit an Automated Pharmacy Systems request form.

As used in the rule, "automated pharmacy system" means a mechanical system that performs operations or activities, other than administration, relative to storage, packaging, compounding, dispensing, or distribution of dangerous drugs that collects, controls, and maintains transaction information and records. It **does not** include an "automated drug storage system" (e.g., Pyxis, etc.) utilized by institutional facilities or other locations licensed as terminal distributors of dangerous drugs.

For more information regarding automated pharmacy system approval, visit:
www.pharmacy.ohio.gov/APS.

Automated Pharmacy Systems Request Form



Instructions: This form must be submitted via email to compliance@pharmacy.ohio.gov.

Part I – Licensee Information

Name of Licensee	TDDD License No.
Street Address	Name of Responsible Pharmacist (RP)
City	RP Contact Phone (xxx-xxx-xxxx)
Zip Code	RP E-Mail Address

NOTE: If requesting approval of the same system at multiple locations, please append a list to this form of all licensed locations where you are seeking approval. The list and this form must be uploaded as one file.

Part II – System Information

Name of System	Manufacturer
Anticipated Implementation Date Approval Date	

Pharmacist Final Verification:

The system will not require final verification (i.e., the final check) by a pharmacist.

REMINDER: Each system that does not require final verification must submit accuracy metrics using a [form developed by the Board](#). The form must be submitted by email to: compliance@pharmacy.ohio.gov.

The system will be used to assist in the dispensing process, but all medications will be verified (i.e., the final check) by the pharmacist.

Briefly describe the intended use of the automated pharmacy system:

This form must be submitted via email to: compliance@pharmacy.ohio.gov.