Administration of Injections by Pharmacists

Updated 12/10/2025

Section 4729.45 of the Revised Code and recent updates to rule 4729:1-3-03 of the Administrative Code (effective 1/7/2026) authorize a pharmacist to administer, by subcutaneous or intramuscular injection, any of the following dangerous drugs as long as the drug that is to be administered has been prescribed by a physician, certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner; is administered in accordance with a prescriber-authorized protocol; and the individual to whom the drug was prescribed has an ongoing physician-patient or nurse-patient relationship with the physician or nurse:

(1) An addiction treatment drug administered in a long-acting or extended-release form, which may include any medication indicated for relapse prevention. **NOTE:** This includes the administration of controlled substances (e.g., buprenorphine) used to treat addiction in a long-acting or extended-release form.

(2) An antipsychotic drug administered in a long-acting or extended-release form.

(3) A human immunodeficiency virus treatment or prevention drug administered in a long-acting or extended-release form.

(4) Hydroxyprogesterone caproate for pregnant women.

(5) Medroxyprogesterone acetate for non-pregnant women.

(6) Cobalamin (including the administration of cyanocobalamin, hydroxocobalamin, or any other FDA-approved B_{12} injection).

(7) Antibiotics.

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(8) Denosumab or romosozumab.

(9) Methotrexate for non-emergent conditions.

(10) Heparin, low molecular weight heparin, and factor Xa inhibitors.

IMPORTANT: This guidance does not apply to immunization administration. For more information on immunization administration by pharmacists, visit: www.pharmacy.ohio.gov/immunize.

For questions regarding pharmacist administration of injections, please review the following frequently asked questions. If you need additional information, the most expedient way to have your questions answered will be to e-mail the Board office by visiting: http://www.pharmacy.ohio.gov/contact.aspx.

Frequently Asked Questions

Q1) How does a pharmacist become authorized to administer injections?

A pharmacist must comply with all of the following:

1. Successfully complete a course in the administration of drugs that satisfies the requirements pursuant to paragraph (L) of rule 4729:1-3-03 of the Administrative Code.

2. Receive and maintain certification to perform basic life-support procedures by successfully completing a basic life-support training course certified by the American Red Cross, American Heart Association, or the American Safety and Health Institute (ASHI). Certification shall be obtained and maintained through courses that are conducted in-person or, at a minimum, offer an in-person training component.

3. Practice in accordance with a prescriber-established protocol that meets the requirements of paragraphs (F) and (G) of rule 4729:1-3-03 of the Administrative Code. Prescriber includes an Ohio-licensed physician, certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner.

Q2) Are pharmacy interns or technicians allowed to administer injections?

No. The law limits administration to pharmacists.

Q3) Do I need to practice under a consult agreement to administer injections?

No. A consult agreement is not required. Please see Q1 of this document for the requirements.

Q4) Are pharmacists permitted to administer dangerous drugs intravenously under this rule?

No. Pharmacists are limited to subcutaneous or intramuscular administration.

Q5) Where do I find training courses that meet the requirements set forth in the rule?

The Board does not have a list of courses available. Pharmacists are encouraged to contact their professional association or employer for more information.

Q6) What is being tested to determine whether it is appropriate to administer an addiction treatment drug in a long-acting or extended-release form?

Naltrexone is contraindicated for a patient who has a positive drug screen for opioids. A pharmacist should consult the authorizing protocol or contact the prescribing physician or APRN for additional guidance.

Q7) Does the prescriber-established protocol need to be authorized by the prescriber who issued the prescription?

No. A pharmacist drug administration protocol may be authorized by an Ohio-licensed physician, certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner.

Q8) What formulation of diphenhydramine may be administered to an individual in an emergency situation resulting from an adverse reaction to a drug administered by the pharmacist?

The specific formulation should be indicated in the prescriber-established protocol.

Q9) Am I required to comply with the new training requirements of the rule to administer injectable drugs?

For pharmacists who have completed a training program prior to the effective date of the new rule (1/7/2026), the training requirements in effect immediately prior to the rule are deemed appropriate to allow the pharmacist to administer injections in accordance with the rule. Therefore, no additional training is required if the pharmacist completed a training program that met the requirements in the previous version of the rule: OAC 4729:1-3-05 (Effective Prior to 1/7/2026).

For anyone who has not completed a training program on injectable drug administration, the rule will require the completion of a training course that meets the requirements in paragraph (L) of the rule.

REMINDER: Failure to adhere to the standard of care for the administration of injectable drugs shall be considered a violation of the rule and may subject a pharmacist to discipline in accordance with OAC 4729:1-4-01.

Q10) Do I have to be the dispensing pharmacist to administer an injection?

No. The drug could be provided by a patient or another pharmacy. However, the pharmacist that administers the drug is required to notify the prescriber in accordance with the provisions of the rule.

Q11) Is the pharmacy permitted to maintain a multi-dose vial of a patient-specific drug for patient administration?

Yes. However, the pharmacy is responsible for the proper storage of the drug in accordance with the manufacturer's labeling. **NOTE:** The drug is the property of the patient.

Q12) Does the drug have to be prescribed by a physician, certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner?

Yes. The drug has to be prescribed by an Ohio-licensed physician, certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner.

Q13) What basic life-support training courses satisfy the requirements of the law?

The Board has determined that a pharmacist may satisfy the basic life-support training requirement by completing a certified course that either provides CPR & AED training for laypersons or a more advanced basic life-support training course for healthcare providers.

NOTE: A course that offers a blended learning model (offering in-person training and self-directed learning) meets the requirements of the law.

OAC 4729:1-3-03 (B)(2) recognizes basic-life support training provided by the following organizations:

1. American Red Cross;
2. American Heart Association; and
3. American Safety and Health Institute.

Q14) Do I need to comply with the requirements of this rule if I am administering injections pursuant to a consult agreement?

No. The provisions of this rule do not apply for pharmacists that are administering these drugs under a consult agreement. Please refer to the following guidance document for more information regarding consult agreements: www.pharmacy.ohio.gov/consult

Q15) Does a pharmacist need to obtain a Drug Enforcement Administration (DEA) registration to administer controlled substance medications in accordance with this rule?

No. Like a nurse, the pharmacist who is administering the medication is not required to have an individual DEA registration.

Q16) Are pharmacists required to ensure patient privacy when administering an injectable drug?

Yes. OAC 4729:1-3-03 (J) requires dangerous drugs to be administered in a location that ensures the privacy and dignity of the patient and is consistent with state and federal privacy laws and regulations. When necessary to protect patient privacy, or if requested by the patient, this shall include a private area located outside of the pharmacy.

For all dangerous drugs requiring administration in the gluteal muscle or any other administration requiring the removal of clothing, the administering pharmacist shall:

1. Offer a chaperone to patients and/or provide a chaperone upon the patient's request;
2. Employ disrobing, draping, and positioning practices that protect a patient's privacy and dignity; and
3. Administer in a private area and minimize patient exposure by only exposing the specific injection site.